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RHETORIC OR REALITY?
CROSS-SECTOR POLICY AND PRACTICE AT
THE UK GOVERNMENT DEPARTMENT FOR
INTERNATIONAL DEVELOPMENT (DFID) IN
THE UK AND NEPAL: AN EXPLORATION OF
REPRODUCTIVE HEALTH AND WOMEN'S
EDUCATION LINKAGES

CATHERINE BOVILL

A thesis submitted in partial fulfilment of the
requirements for the degree of
Doctor of Philosophy

QUEEN MARGARET UNIVERSITY COLLEGE

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“Poor people do not live in sectors.”

(Robinson & Manandhar 2001:9)

Abstract

Within the international development community, global agreement around a poverty elimination target and the Millennium Development Goals (MDGs) has led to renewed emphasis on partnership and cross-sectoral approaches. Similarly the UK Government aims to ensure policies are coherent in an increasingly complex global arena and has called for joined-up working. In response to both of these influences, the UK Government Department for International Development (DFID) stresses partnership, joining-up and cross-sectoral approaches within departmental documents.

This research explores cross-sector policy and practice at DFID in the UK and Nepal and focuses particularly on cross-sectoral relationships between reproductive health and women's education. The research employs a social constructionist epistemology and utilises Critical Inquiry and Feminist theories, elements of grounded theory and narrative analysis methodologies, informing the use of numerous data collection methods. These methods include literature searches, document analysis, semi-structured interviews (incorporating Participatory Learning and Action techniques), informal meetings and critical reflection. Data was gathered in the UK and Nepal from DFID staff, Nepali Government staff, DFID-funded project staff, external development consultants and other stakeholders.

A 'cross-sector continuum model' is presented to facilitate understanding of the different definitions and possible levels of cross-sectoral engagement. Examples of cross-sector policy and practice are presented and discussed. Key factors facilitating cross-sector policy and practice are also identified. The greatest levels of cross-sectoral engagement were found at project-level in Nepal, although the DFID offices had also made some significant efforts to improve cross-sectoral approaches. Poor knowledge and selective use of the reproductive health and women's education research, however, exposed a gap between research and policy. In addition, the reality of cross-sector policy and practice often did not match the rhetoric within DFID's documents. According to respondents, DFID faces some substantial challenges that contribute to these research-to-policy and policy-to-implementation gaps.

Despite the increased calls for cross-sectorality, there is little evidence of the benefits of cross-sector policy and practice, suggesting the need for research clarifying the added value of cross-sectoral approaches. Finally, the lack of agreement over cross-sector definitions, the lack of operational guidance and DFID's strong emphasis on outcomes all suggest the need for a reorientation of focus towards cross-sectoral processes. Based on these findings and conclusions, recommendations are made for DFID and other organisations wishing to pursue cross-sectoral approaches.

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Abbreviations

+VE	Positive
ADB	Asian Development Bank
ACAD	Academic Staff
AIDS	Acquired Immune Deficiency Syndrome
ASREP	Asia Regional Economics and Policy Department
ASSIA	Applied Social Science Index and Abstracts
BBC	British Broadcasting Corporation
BIDS	Bath Information and Data Services
BPEP	Basic Primary Education Programme
BRAC	Bangladesh Rural Advancement Committee
CAP	Country Assistance Plan
CERID	Research Centre for Educational Innovation and Development
CHAD	Conflict and Humanitarian Affairs Department
CIHS	Centre for International Health Studies
CLPN	Community Literacy Project Nepal
CMPS	Centre for Management and Policy Studies
CRLP	Center for Reproductive Law and Policy
CSP	Country Strategy Paper
DDC	District Development Committee
DEKS	DFID East Kilbride Staff
DEO	District Education Office
DFID	Department for International Development
DFIDN	Department for International Development Nepal
DFPS	DFID-funded Project Staff
DG	Director General
DHCC	District Health Co-ordinating Committee
DHO	District Health Office
DHSP	District Health Strengthening Project
DLS	DFID London Staff
DNS	DFID Nepal Staff
DOH	Department of Health
DOHS	Department of Health Services
DOLIDAR	Department of Local Infrastructure and Agricultural Roads
DOR	Department of Roads
DPN	DFID Partner in Nepal
DPUK	DFID Partner in the UK
DTI	Department of Trade and Industry
ED	Education Department
EDC	External Development Consultant
EDD	Enterprise Development Department
EDPs	External Development Partners
EOC	Emergency Obstetric Care
ESP	Enabling State Programme
ESRC	Economic and Social Research Council
EU	European Union

FCO	Foreign and Commonwealth Office
FHD	Family Health Division
FRESH	Focusing Resources on Effective School Health
FWLD	Forum for Women: Law and Development
G8	Global Eight (Eight major industrial democracies that meet annually to deal with global economic and political issues - France, USA, UK, Germany, Japan, Italy, Canada and Russia)
GDI	Gender Development Index
GEM	Gender Empowerment Measure
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit (German Bank for International Aid Co-operation)
H/H	Household
HEAL	Health Education and Adult Literacy
HESPs	Health and Education Strategic Partnerships
HIPC	Heavily Indebted Poor Countries
HIV	Human Immuno-deficiency Virus
HMG	His Majesty's Government
HMGN	His Majesty's Government of Nepal
HPD	Health and Population Department
HQ	Headquarters
HR	Human Resources Department
ICDDR	International Centre for Diarrhoeal Disease Research Bangladesh
ICP	International Conference on Population
ICPD	International Conference on Population and Development
IBSS	International Bibliography of the Social Sciences
IDS	Institute of Development Studies
IDTs	International Development Targets
INGO	International Non-Government Organisation
INT	Interview
IRD	Integrated Rural Development
ISPs	Institutional Strategy Papers
JSI	John Snow International
LDC	Less Developed Countries
LFP	Livelihoods and Forestry Programme
LSE	London School of Economics
MCH	Maternal and Child Health
MDGs	Millennium Development Goals
MEET	Meeting
METCON	Rajbhandari Budhi Man Oday Man (Nepali Management, Policy and Evaluation Consultants)
MMR	Maternal Mortality Reduction
MOD	Ministry of Defence
MOES	Ministry of Education and Sports
MOH	Ministry of Health
MOLD	Ministry of Local Development
MP	Member of Parliament
MRC	Medical Research Council

N6	Formerly known as N*DIST (A qualitative data coding computer software package)
NDF	Nepal Development Forum
NFE	Non-formal Education
NFHP	Nepal Family Health Programme
NGO	Non-Government Organisation
NSAC	Nepal South Asia Centre
NSMP	Nepal Safer Motherhood Project
NUKCFP	Nepal –UK Community Forestry Project
ODA	Overseas Development Administration
ODC	Organisation Development Centre
ODI	Overseas Development Institute
OECD	Organisation for Economic Co-operation and Development
ORF	Observer Research Foundation
PCD	Partnership for Child Development
PLA	Participatory Learning and Action
PPAs	Partnership Programme Agreements
PRA	Participatory Rural Appraisal
PRSPs	Poverty Reduction Strategy Papers
PSA	Public Service Agreement
PSD	Private Sector Development
QMUC	Queen Margaret University College
RAP	Rural Access Programme
REFLECT	Regenerated Freirean Literacy through Empowering Community Techniques
RHCC	Reproductive Health Co-ordinating Committee
RLD	Rural Livelihoods Department
RRA	Rapid Rural Appraisal
SA	South Africa
SCFUK	Save the Children Fund UK
SDA	Service Delivery Agreement
SDC	Swiss Agency for Development Co-operation
SDD	Social Development Department
SIDA	Swedish International Development Co-operation Agency
SL	Sustainable Livelihoods
SLC	School Leaving Certificate
SMN	Safe Motherhood Network
SMP	Safer Motherhood Project
SNNSMP	Sector Nepal National Safer Motherhood Programme
SRH	Sexual Reproductive Health
STI	Sexually Transmitted Infection
SWAps	Sector Wide Approaches
TB	Tuberculosis
TSPs	Target Strategy Papers
UK	United Kingdom
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme

UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
US	United States
USA	United States of America
USAID	United States Agency for International Development
VDCs	Village Development Committees
WHO	World Health Organisation

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Chapter One: Introduction

1.1 Background

There is currently consensus among international development organisations to focus on the elimination of extreme poverty and inequalities. To this end, these organisations are collaborating to achieve the Millennium Development Goals (MDGs), a series of concrete, measurable targets agreed by world leaders at the UN Millennium Summit in September 2000 (UNDP 2000) (see Appendix A).¹ The MDGs highlight the interdependent nature of development issues that contribute to the elimination of global poverty and inequalities. This interdependence suggests achievement towards one goal is likely to aid progress towards others, but equally, failure to make progress towards one goal will detrimentally impact on other goals (Abu-Ghaida & Klasen 2004; Fustukian et al 2003; UNDP 2000; Wroe & Doney 2003). It has, therefore, been argued that achieving the MDGs requires a coherent cross-sectoral approach across all the sectors (Fustukian & McDonald 2003; Upadhyaya et al 2002) leading some authors to suggest that traditionally sectoral development organisations and government ministries need to adopt more cross-sectoral and coherent structures and approaches (DFID 2003a; Moser 1993; OECD 2003).

The MDGs emphasise the interdependence between reproductive health, education and gender equality goals and their contribution towards the cross-sectoral goal of poverty elimination. Similarly, the International Conference on Population and Development (ICPD) in Cairo in 1994 shifted the emphasis from previously narrow population control programmes towards a broader sexual reproductive health (SRH) agenda emphasising rights, choice, women's education and empowerment (Singh 1998; United Nations 1995). There is an extensive research body recognising strong relationships between

¹ The MDGs evolved from International Development Targets (IDTs) devised by the OECD in 1996 (OECD 1996). However the IDTs originated within the donor community, and were therefore merged into the MDGs in 2000, with a much broader global acceptance and commitment (Fustukian et al 2003; UNDP 2000). Documents published before 2000 often refer to the IDTs.

reproductive health and women's education (see Chapter Five). However, this research has often been overlooked or narrowly interpreted in policy formulation and resource allocation (Hartmann 1995; Jeffrey & Jeffrey 1998; Sen et al 1994; Zeitlin et al 1994). Indeed ensuring policy is evidence-based is a widespread challenge not simply in these subject areas (Hanney et al 2003; Kingdon 1984; McGrath 2002a; Sadana et al 2004). For example, the Cabinet Office (2000) argues that part of the problem is caused by research retaining traditional policy and sector boundaries. The MDGs stress reproductive health and women's education, but most of the research linking these issues originated either in the education, health or demography disciplines and research communities, and may not be well known outside these boundaries. Green & Thorogood (1998) argue

“...it is difficult to find examples of sociological research having any direct and demonstrable impact on policy formation. It is rather easier to cite examples of where research has been ignored” (Green & Thorogood 1998:18).

The shared MDG and poverty elimination agenda is just one example of the renewed focus in recent years on broad development collaboration that has included calls for policy coherence, joined-up working, partnership and cross-sectoral approaches (Bullock et al 2001; Cabinet Office 2000, 1999; Carney 1998a; Carney et al 1999; DFID 2004a, 2003a, 2002a, 2001a, 2000a, 1997a; Forster & Stokke 1999a; Kabeer 1994; Mkandawire 2001; Moser 1993; ODI 2001; OECD 2003, 2001a, 2001b). Several authors argue that “the concept of different agencies working together for the common good is not new. What is new perhaps is the increased emphasis that recent governments have put on joint working” (Harrison et al 2003:8). Some of this recent emphasis has been motivated by concerns to ensure consistent and effective policy and practice within and between the rising numbers of actors in an increasingly complex international development arena (Forster & Stokke 1999b). Since it took office in 1997, the ‘New Labour’ UK Government has promoted ‘joining-up’ within its key policy documents and through creation of new groups such as the Policy Innovation Unit (Clark 2002). Indeed,

the UK Government Cabinet Office, the Centre for Management and Policy Studies and the National Audit Office have been particularly active in promoting more coherent and effective policy domestically in the UK (Bullock et al 2001; Cabinet Office 2000, 1999; National Audit Office 2001). Within the UK Government, the Department for International Development (DFID), influenced by both international and domestic emphasis on collaboration has recognised that it needs to be

“...contributing to the elimination of poverty in poorer countries, not just through its bilateral and multilateral development programmes, but through working collaboratively with other government departments to promote consistency and coherence in policies affecting their development” (DFID 1997a:20).

DFID also notes that

“policies no longer fit into neat sectoral boxes, and the distinction between domestic and international policy is increasingly blurred...The formulation of sustainable development strategies in a global economy requires that developed and developing countries have more joined-up and coherent policies” (DFID 2000a:19).

DFID has therefore also promoted partnership and joining-up within all its key policy documents.² All of these documents frequently use ‘partnership’, ‘integration’, ‘co-ordination’ and ‘co-operation’ terminology. DFID has also made a strong commitment to poverty elimination and the MDGs by assimilating these goals into the department’s objectives within its Public Service Agreement (PSA) and also its Service Delivery Agreement (SDA) outlined briefly in Chapter Four (DFID 2003c, 2002j-k). Yet, DFID has realised they cannot achieve these goals alone and the department is committed to working with other development partners to achieve the MDGs, as outlined in its Institutional Strategy Papers (ISPs) and Partnership Programme Agreements (PPAs) (DFID 2003b, 2002b-i, 2001f-j, 2000g-j).

² These key policy documents include: DFID’s White papers (DFID 2000a, 1997a); annual Departmental Reports (DFID 2004a, 2003a, 2002a, 2001a); Target Strategy Papers (TSPs) outlining how DFID intend to achieve the MDGs (DFID 2001b-e, 2000b-f); Institutional Strategy Papers (ISPs) outlining partnership with multilateral organisations (DFID 2003b, 2002b-c, 2001f-j, 2000g-j, 1999a-c) and Partnership Programme Agreements (PPAs) outlining partnership with civil society groups (DFID 2002d-i).

Despite the abundance of collaborative terms within documents, the cross-sectoral nature of poverty elimination and the MDGs suggests the need for specific cross-sectoral approaches to development. At the same time, donors have demonstrated growing discontent with project-based development perceived to be a fragmented, administrative- and cost-intensive approach. Instead, more recent development has favoured the promotion of partnership with country governments rather than the more traditional aid-recipient relationships of the past (Hinton & Groves 2004; World Bank 1998). Poverty Reduction Strategy Papers (PRSPs) are one example of this government partnership approach and the Overseas Development Institute argues that “visions for poverty reduction are cross-sectoral” (ODI 2001:1). PRSPs, although not primarily promoted as a cross-sectoral tool by many authors, are a means of agreeing a national strategy for poverty elimination and ensuring policies to this end are coherent (DFID 2000d; ODI 2001; Upadhyaya et al 2002). PRSPs encourage cross-sectoral collaboration between a partner government and the development community through shared objectives. They aim to combine promotion of pro-poor policy reform with a participatory and inclusive policy process led by government but emphasising accountability between the government and people (McGee & Brock 2001; World Bank 2003a).

Another example of the favoured government-partnership approach to development is through Sector Wide Approaches (SWAs). SWAs comprise a process of external funding of a sector in order to support a unified policy and expenditure programme led by the government but in consultation and agreement with donors (ODI 2001). The current pursuit of Sector-Wide Approaches (SWAs) is seen by some authors as sitting uncomfortably with cross-sectoral approaches such as Sustainable Livelihoods (SL) (Akroyd & Duncan 1998; Ashley & Carney 1999; Carney 1998a; DFID 2001k). However, there is a lack of agreement about whether SWAs’ sectoral focus may detract from cross-sectoral approaches (Akroyd & Duncan 1998; DFID 2001k; Engel 2002) or whether they enable cross-sectoral linkages through providing a framework for action (ADB 2002a; King & McGrath 2000a).

Other calls for cross-sectoral approaches have come from gender discourse and Sustainable Livelihoods (SL) literature (Carney 1998a; Carney et al 1999; DFID 2001k; Kabeer 1994; Moser 1993). Caroline Moser's seminal work on gender planning from 1993 remains influential, not only among gender specialists (Moser 1993). Moser argued that women's multiple roles and needs are not met through sectoral approaches and that "because of the necessity to balance their triple roles, women require integrative strategies which cut across sectoral lines" (Moser 1993:54). According to Moser, broader cross-sectoral approaches are more sensitive to the complex needs of women and men.

DFID and others argue that in order to address the cross-sectoral nature of people's livelihoods, approaches are needed that respond to this cross-sectorality (Carney 1998a; Carney et al 1999; DFID 2001k):

"a livelihood comprises the capabilities, assets, (including both material and social resources) and activities required for a means of living. A livelihood is sustainable when it can cope with and recover from stresses and shocks or maintain or enhance its capabilities and assets both now and in the future, while not undermining the natural resource base" (LFP 2002a:1).

The SL framework and approach emphasises the multiple inter-related impacts of development on the inter-connected nature of people's lives and places people at the centre of development (Ashley & Carney 1999; DFID 2001k). Chambers & Conway (1991) argue that many of the concepts involved in the SL approach, including equity and sustainability, are a means to an end but are also valuable ends in themselves. This reorients development from only being focused on outcomes, to the realisation that processes are also important and may be beneficial or detrimental in themselves. Although the SL framework is a complex model, this is due to the complexity of the reality it attempts to represent. Undoubtedly, the strength of the SL approach is in encouraging people to think more holistically and cross-sectorally and in providing a common language and goal (Ashley & Carney 1999; Carney 1998a; Fustukian & McDonald 2003). Ashley & Carney (1999) argue SL approaches encourage a focus on

livelihood impacts, rather than narrow sectoral outputs and that this facilitates increased cross-sectoral links.

Many authors have argued that previous sectoral development approaches have had poor outcomes as a result of their failure to acknowledge the cross-sectoral nature of people's lives (Carney 1998a; Chambers 1997; Kabeer 1994; Moser 1993; Werner & Sanders 1997). Chambers (1997) states that

“in diverse, dynamic and uncontrollable conditions with continuous variance and multiple linkages, reductionist methods can be both costly and misleading. Yet many professionals seem driven compulsively to simplify what is complex and to standardise what is diverse” (Chambers 1997:42).

The MDG agenda and other shared commitments from international conferences have provided a cross-sectoral framework and shared vision around which donors can join together and make progress towards poverty reduction (DFID 2003a; King & McGrath 2000a). However, Fustukian et al (1993) argue that global agreement around the MDGs is challenged by their apparent incompatibility with the dominant and persistent economic paradigm associated with individualism and less collaborative approaches set out clearly in the World Bank's World Development Report 'Investing in Health' (World Bank 1993). The World Bank's global economic outlook has been highly influential and Dean (2001) claims that “despite variance in type and strategy, bilateral and multilateral aid agencies are largely economics-based and politically motivated institutions” (Dean 2001:24).³

The dominant economic focus has influenced the outlook of DFID and the New Labour Government of which it is part. There is a strong emphasis on quantification and end products. For example, DFID's White Papers (DFID 2000a, 1997a) make explicit their 'super-goal' of poverty elimination, but they have been accused of being silent about the

³ “...*bilateral* agencies transfer funds and technical services from one government to another country, whereas *multilateral* agencies transfer funds and technical services from multiple sources to multiple countries, filtered through professional staff” (Staudt 1998:16 author emphasis).

substantial redistributive processes and action that would be necessary to even partially achieve this goal (Cox & Healey 1998; White 1998). Similarly, the universality of some of the MDG targets suggests that society-wide averages may improve, but poor people are unlikely to be the principal beneficiaries (Fustukian et al 2003; Gwatkin 2005). This lack of explicit reference to necessary redistributive processes for effectively reducing inequalities may be partly explained by the political sensitivity of requiring powerful elites to relinquish resources (Gwatkin 2000). Cross-sector policy and practice and key redistributive processes necessary to achieve DFID's departmental goals, need greater attention if these processes are to be effective as means to DFID's development ends. Some attempts are made to engage effectively with processes, but a strong focus on quantification at DFID tends to overshadow rights-based approaches concerned with empowerment and participation and with the elimination of discrimination (DFID 2001k; 2000f). Rights-based approaches and other frameworks within social development, such as social exclusion and social capital, are however, useful in facilitating understanding of the multi-faceted nature of poverty and in recognising the need for policy to have social as well as economic objectives (Eyben 1998).

Many recent documents have called for collaborative approaches but few have defined the collaborative terms used such as cross-sector, multi-sector, mainstreaming and partnership, which are often used interchangeably. These documents also rarely outline strategies for action or offer guidance on operationalising and implementing these collaborative processes. Cross-sector policy requires a process orientation that challenges previously conventional policy-making, dominated by positivist and quantitative epistemology (Parsons 1999). As Rao & Stuart argue "we have a tendency to focus on outcomes rather than process, not recognising that process in itself may be an outcome" (Rao & Stuart 1999:15-16). Cross-sectoral processes have the potential to be both means and ends. McGee & Brock (2001) argue that viewing process as an end in itself implies a focus on implementation and not simply policy formulation. Many authors have argued that poor development outcomes have been linked to the poor connection between policymaking and policy implementation (McGee & Brock 2001;

Walt 2000). Indeed, Moser claims “one reason why policy so often is not carried out relates to the fact that it can easily be formulated without the intention to carry it out at all” (Moser 1993:149).

The gap between policymaking and policy implementation has also been linked to a common situation, where responsibility for different parts of the policy process rest with different actors, and as Wynd (1996) argues, policymakers may be some distance from the reality of the implementation location. Failure to consult and communicate effectively between these groups leads to ineffective implementation or unintended interpretations of policies. Several authors argue that implementation and evaluation of policies should be integral parts of policy design (Cabinet Office 1999; National Audit Office 2001).

If formulation and implementation are separated, policies remain merely statements of governmental intent, and however effective in principle, are useless if not implemented (Grindle & Thomas 1991; Leichter 1979). Sutton (1999) argues that this separation of policymaking from implementation enables responsibility for policy outcomes to be avoided, while Robinson (1999) claims that a “lack of coherence over objectives, approaches and delivery mechanisms is generally perceived to be a source of poor implementation” (Robinson 1999:425). Alongside their calls for joining-up, the Cabinet Office (1999) highlights the need for the reintegration of policy formulation and implementation as well as strengthening other key features of modern policymaking in response to these implementation concerns. In this context, increased calls for cross-sectoral approaches to poverty elimination and the MDGs, does not ensure that these policies are implemented or goals achieved. The lack of clear operational strategies, lack of redistributive strategies and the potential inconsistency of several current policy agendas, suggests policies risk ‘evaporation’ rather than implementation (Derbyshire 2002; DFID 2003d; Holden 2003; Parsons 1999). This brings us to the aims of this research.

1.2 Research Aims

In the light of growing calls for cross-sectoral approaches from within the international development arena and domestically, alongside potential challenges to implementing these approaches, this research aims to explore cross-sector policy and practice at DFID. Emphasis on reproductive health and women's education within the MDGs and DFID's PSA (DFID 2004a-b) informed the decision for this research to also explore cross-sector policy and practice taking place specifically between reproductive health and women's education at DFID.⁴ This study began with a very specific focus on cross-sector reproductive health and women's education, but it quickly became apparent that there was a paucity of specific research on cross-sectoral processes more generally within international development literature. Therefore, in order to maximise the contribution of this work, the research was adapted to explore both general cross-sector definitions, strategies, examples, facilitating factors and barriers, as well as the subject specific focus on cross-sector reproductive health and women's education.

DFID is made up of many different managerial and operational levels within the UK and overseas. Indeed, McGrath (2002a) speaks of 'multiple DFIDs' in an attempt to capture the diversity throughout the different DFID hierarchical levels and office locations. The challenges of ensuring that calls for cross-sector policy are translated into policy implementation were investigated throughout the different layers of DFID in the UK and at 'country-level' in Nepal.

⁴ In this research the terms reproductive health and women's education are widely utilised. The term 'reproductive health' is intended to cover fertility, population control, family planning, maternal mortality, reproductive health, choice and rights. Although use of the term 'sexual reproductive health' (SRH) would have been more consistent with the contemporary post-ICPD agenda (see Chapter Five), 'reproductive health' more accurately reflects the key areas that have been linked to women's education within previous research studies. The term 'women's education' is used to encompass formal and informal education and literacy with the term 'women' used broadly to encompass females of all ages. The study does not use the term 'female' as this term denotes sex rather than gender and it is clear there are many strong societal and political influences on women's education that are not determined by sex, but by socially constructed models of gender.

Nepal was chosen as the location for researching DFID's country-level work for a number of complex and varied reasons: 1) my previous overseas experience and interest was predominantly focused on Asia and along with the strong history and research literature about reproductive health programmes in South Asia, this led me to focus on countries in South Asia where DFID has country offices (Bangladesh, India and Nepal with a regional office in Thailand); 2) Queen Margaret University College, where I was based, had substantial links with several DFID-funded projects in Nepal. I therefore opportunistically gained greater background knowledge of these DFID-funded projects than those in other countries and this facilitated early information gathering and research design in favour of Nepal as the country setting for this research; 3) Britain has a long history of involvement in Nepal's development, with formal aid programmes commencing in 1952 (Mihaly 1965). DFID's predecessor, the UK Government Overseas Development Administration (ODA) administered aid through the British Aid Programme Support Office within the British Embassy. However, in recognition of the key relationship between DFID and Nepal and the need for a stronger country presence DFID set up an office in Nepal in 1999. Nepal currently receives £26 million per annum (2003/2004) in development monies. In comparison to other South Asian countries, Nepal receives significant contributions of foreign aid for such a small country (DFID 2004c); 4) DFID faces particular challenges in ensuring policy coherence in Nepal due to the number of UK Government departments with Nepali involvement and interest, the number of other donors active in the country, poor Nepali government capacity and the ongoing civil conflict. Nepal and the UK have an historical relationship that dates back to the late 1800s with the recruitment of Gurkha soldiers to the British Army (Collett 1993; Mihaly 1969). This history makes it particularly challenging to ensure policy coherence between DFID, the UK Ministry of Defence (MOD), the Foreign and Commonwealth Office (FCO), the Nepali Government, the Nepali Monarchy and the Nepali Army; and 5) Nepal's experience of extreme and widespread poverty, gender inequality, maternal mortality, poor reproductive health services and poor women's education all suggested the relevance of Nepal as a research site for this study.

In order to explore as many different layers of information at DFID as possible, research data was collected in Kathmandu at the DFID Nepal office and DFID-funded project head offices, as well as with partner organisations. Nepali government staff were also part of the sample in Kathmandu in an attempt to capture not only the DFID-funded project activity but also the increasing central government-level partnership activity. Data was also collected in Siddharthanagar in Rupandehi District, which is located in the Terai (Southern Nepali plains that extend to the Northern plains of India), where the projects chosen for study all had district offices. A Map of Nepal showing the location of both Kathmandu and Siddharthanagar is found in Figure 1.1. More information about the research settings and sample are outlined in Chapter Two, while further introduction to the Nepali context is presented in section 1.3 in this chapter.

Figure 1.1 Map of Nepal



1.2.1 Research Questions

This research set out to answer two specific research questions and a number of related sub-questions:

1. Is there evidence of cross-sector policy and practice at DFID?
 - How is cross-sector policy and practice defined and understood?
 - What are the rationales for cross-sector policy and practice?
 - Is the DFID environment conducive to cross-sectoral approaches?
2. Is there evidence of cross-sector policy and practice between reproductive health and women's education at DFID?
 - What are the rationales for cross-sector policy and practice in this area?
 - Is the DFID environment conducive to cross-sector policy and practice in this area?

1.2.2 Emergent Theory and Themes

The lack of previous research, specifically on cross-sector policy and practice, is reflected in a lack of cross-sectoral theory. This research utilised the existing broad theoretical research discourse on policy, gender, organisations, reproductive health and women's education to inform the study. However, the lack of specific cross-sector theory influenced the decision to utilise elements of grounded theory methodology alongside the existing theoretical and research discourse (see Chapter Two). The grounded theory approach encouraged iterative reflection on research data throughout the research process, in order to identify emerging themes and theory.

A consistent theme within the data was the conceptualisation of cross-sectoral approaches in opposition to sectoral approaches. Despite this strong duality, there were also many references in the data to different levels of cross-sectoral engagement that were suggestive of a cross-sectoral continuum. Continuum models are well known, but to my knowledge they have not previously been utilised specifically for cross-sectoral concepts. The regularity with which this theme occurred in the data, the consistent presence of the theme during reflective practice and the extensive utility of the continuum model to cross-sectoral debates in this research, suggest the cross-sectoral continuum was theory grounded within this research.

In this study, a number of findings and themes also emerged repeatedly from the data including

1. There are greater levels of engagement in cross-sector policy and practice at project-level than elsewhere in the DFID hierarchy
2. There is a gap between DFID's rhetoric and operationalisation of cross-sector policy due to:
 - the competitive policy environment at DFID, which is not consistently supportive of cross-sector policy and practice;
 - the disjuncture between the organisational cultures and understandings of DFID Nepal and Nepali organisations;
 - DFID's predominant focus on outcomes over processes;
 - the disjuncture between DFID's bureaucratic political role and its development organisation role;
 - poor communication of cross-sector policy messages between the different levels of the DFID hierarchy;
 - DFID's prioritisation of central government-level support, where greater cross-sectoral engagement was found at project-level and where SWApS were thought by many to be incompatible with cross-sectoral approaches;
 - strong territoriality and disciplinarity between the sectors at DFID particularly in relation to budgets.
3. There is a gap between the reproductive health and women's education research and DFID policy due to:
 - poor knowledge of the research and the complexity of research findings;
 - the disjuncture between interpretations of the reproductive health and women's education research findings and current rights-based approaches;
 - territoriality and disciplinarity particularly within the health sector;

- a failure to maximise some potential catalysts and advocates for cross-sector policy and practice including HIV, gender and SL approaches.

These findings inform the discussion, conclusions and recommendations presented in Chapters Eight and Nine that offer an expansion of, and contribution to, the cross-sector discourse.

1.2.3 What This Research Contributes

The lack of explicit cross-sector definitions and operational strategies within documents has resulted in a limited cross-sectoral discourse, interchangeable use of terminology and no clear guidance how to achieve cross-sector policy implementation. Indeed the benefits of cross-sectoral approaches are often assumed. At the same time, the research linking reproductive health and women's education also appears to be under-utilised. This research study contributes to bridging these gaps by exploring concepts, rationales, examples, barriers and facilitators of cross-sector policy and practice in general and in specific relation to reproductive health and women's education. Although this is not an action research study or commissioned report, the current lack of operational guidance suggests the need for practical outcomes of use to those wishing to pursue cross-sectoral approaches. In response, the final chapter contains recommendations based on the research findings. The participatory and practical methods of data collection utilised during this study also contribute to a proposed 'cross-sector toolkit' with the potential to facilitate reflection, discussion and action on cross-sector approaches (Methods of data collection are outlined in Chapter Two, and the toolkit is presented in Appendix B).

This research does not claim to be a comprehensive study. It represents my interpretation of the views given by specific respondents at the particular time they took part in this research. The research is also not an impact study, and therefore can draw no major conclusions about the impact of cross-sectoral approaches other than through the opinions given by respondents. Whilst many respondents in this study were convinced of the benefits of cross-sectoral approaches, others were sceptical. A gap remains in

evaluating the impact of cross-sector policy and practice on people's livelihoods, although many respondents still rationalised pursuit of cross-sectoral approaches on the basis of improvements to people's lives.

This research focused on DFID's country-level activity in Nepal and therefore offers some interesting insights into cross-sector policy and practice specifically within the Nepali context, although many of the country-level findings offer lessons of broader interest to other developing country settings. In order to more fully understand the Nepali context in which much of this research was carried out, the following section offers a brief introduction to Nepal with a particular focus on health, education, development and the escalating conflict.

1.3 Introduction to Nepal

In 1951 Nepal opened to the outside world and to foreign influence after decades of rule by the monarchy and elite Nepali families. Not until 1991 did Nepal hold 'democratic' elections, although there was little substance behind the claims of democracy. Interestingly, the use of the now anachronistic 'His Majesty's' Government of Nepal (HMGN) still persists despite democratic pretensions. Gellner (2003) claims that since 1991 there were over 12 changes of government and Prime Minister, and Nepal's Organisation Development Centre point out that "in the last 12 years, no government has completed a full term in office" (ODC 2002a:17). As short-term government after short-term government failed to deliver anything resembling democracy, dissatisfaction grew. For many people in Nepal, democracy began to be associated with corruption and stagnant development. Karki & Seddon (2003a) explain that

"in February 1996, the Communist Party of Nepal (Maoist), operating as the United People's Front of Nepal, declared the start of a 'People's War' in Nepal...they argued that only a revolutionary armed struggle could create the basis for the overthrow and replacement of the corrupt and inadequate ruling classes by a popular democratic republic representing the workers and peasants of Nepal" (Karki & Seddon 2003a:vii).

For many young people in Nepal who are faced with high unemployment rates, Maoist promises of greater equality and improved governance have provided an attractive

alternative, and have aided recruitment of Maoist supporters and activists. Chen & Desai (1997) argue that there is evidence that good governance improves social development but this evidence also suggests that democratic systems do not have the monopoly on providing improved social development outcomes. Stable government and serious commitment to social values may actually be more important. Yet, in recent times, stability has not been associated with Nepali politics.

In June 2001, the famous palace massacre took place in which Prince Dipendra allegedly killed his mother, father (King Birendra), other members of the Royal Family and close aides (Harding 2002; Misra 2001). This rocked Nepal and the monarchy, which was viewed as a stabilising influence in the fledgling attempts at democratic government (Dixit 2002). The widely respected and loved late King Birendra was succeeded by his unpopular brother, Gyanendra. King Gyanendra suspended local governing bodies in June 2002. Then in October 2002 the King sacked the Prime Minister, adding to the political tension and increasingly dangerous conflict situation (Harding 2002). As DFID Nepal (2003) noted

“with no Parliament, important oversight and legislative functions have lapsed, reducing safeguards and hindering progress on reform. The absence of elected local government has hindered service delivery and development. It has also undermined decentralisation...Since the political changes of October 2002, there has been confrontation between the political parties and the King...The political turmoil has distracted attention from the development priorities and made implementation more difficult...” (DFID Nepal 2003:7-8).

It is within this context that DFID Nepal and other donors are pursuing the MDGs and poverty elimination target.

Nepal receives substantial foreign aid and attention. The international community finances 60% of Nepal's development budget and 30% of total budget expenditure (ADB 2002b), yet, Nepal remains one of the poorest countries in the world (Grant 2002; NSAC 1999; World Bank 2003b). Approximately half of Nepal's 24 million population live below the poverty line (ADB 2002b). Nepal suffers financial poverty as well as poverty of opportunity, capability, security and empowerment (Upadhyaya et al 2002).

Poverty is also unequally distributed. Nepal's capital city, Kathmandu, and some other large towns in Nepal, have undergone rapid and radical change over a short period of time but there has been virtual stasis in many rural areas. For those who can afford goods and services in Kathmandu there are growing choices available, but few can afford the lifestyles promised by modern advertising: "the proliferation of satellite television and greater exposure to the outside world has heightened expectations to a new and perhaps unrealistic height" (UNAIDS & UNICEF 2001:3).

In Kathmandu, there are rises in traffic levels and related fuel consumption and pollution. Growth in the building of luxury homes has led to increases in brick, stone and concrete factories in and outside the Kathmandu Valley that have also led to increased pollution. The internet is increasingly accessed and although it has enabled positive developments in global communication and inclusion, my experience during data collection suggested many public internet shops were frequently used for accessing chat rooms and pornography. Molesworth also notes "Nepal has become exposed to high-budget American blockbuster movies, international advertising and pornography" (Molesworth 2001:63) and this is consistent with claims that there is a predominant portrayal of women as sexual objects in the media and a growth of illicit sexual services in Kathmandu (Kunwar 2002; Rana 2002). The internet is rarely consistently available outside the larger urban centres and is one of many inequalities between rural and urban areas of Nepal.

More than 80% of Nepali people continue to be engaged in agricultural production work (HMGN 2002a; NSAC 1999). Women undertake 70% of this agricultural work (Acharya 2001; ADB 2002b; Subedi 2002) on land that is unequally distributed (Dahal 1998). Electricity only reaches 18% of the urban population and 5% of rural areas (ADB 2002b). Running water only reaches 35% of Nepali homes, mainly in Kathmandu, whilst the remaining population use communal water taps for drinking and washing, and only 30% of the population have sanitation facilities (HMGN 2002a).

The Asian Development Bank claims, “lack of access to basic health services and education, malnutrition, high rates of infant and maternal mortality are the most evident results of rampant poverty” (ADB 2002b:88). In Nepal, maternal mortality is the leading cause of death among women of reproductive age (HMGN 1998a; NSMP 1998a), reflecting women’s poor social and economic standing nationally (Shaw 2002). In common with the rest of the world, women and minority ethnic groups are disproportionately affected by all forms of poverty and discrimination.

Gender inequality is a major challenge to development in Nepal (SCFUK 2000), with a Gender Development Index (GDI) country ranking of 119/144. Nepal’s GDI is 0.479, and its Gender Empowerment Measure (GEM) is 0.385 (where 1 = complete gender equality) (UNDP 2003; 2002). Nepal is one of only a handful of countries in the world where women’s life expectancy is lower than men’s (UNDP 2003). From birth, girls are discriminated against and seen as a burden (GTZ 2002). Women are deemed inferior in marital rights, land rights, access to health care and education, nutrition and political decision-making (Gaunle 2002; Mainali 2002; Rana 2002). The dominant Hindu religion treats the genders unequally. Sons are considered crucial to perform ceremonial death rites for parents and are regarded as insurance for parents’ old age. Consequently, male children are perceived to be of higher value (Bista 1991; CERID 1999; Tuladhar 1998). Bista (1991) argues this has contributed to less effective family planning outcomes among high caste Hindus than among low caste and other non-caste ethnic people in rural Nepal who face less pressure to produce sons.

Within the rural areas, the Terai demonstrates greater gender inequalities than the hill areas of Nepal. This has been linked to the dominance of Hinduism in the Terai and a more ‘closed culture’ including the practice of ‘purdah’, where women are separated from men and effectively removed from open spaces. This affects for example, the ratio of girls to boys completing their education (Boyle et al 2002). This situation in the Terai contrasts with a majority Buddhist population in the hills, which is described as having a

more 'open culture' with fewer gender inequalities (Boyle et al 2002), although there are many variations and exceptions to these patterns.

For most Nepali women, marriage determines their status and most of their life options (Acharya 2001; Justice 1999). In the Terai, there is a saying that if a woman dies in childbirth, men shrug their shoulders because it is normal, but if a buffalo dies, men cry because they need to find money to buy a new one in order to feed their family. Justice (1989) relates a similar tale about the value of buffalo over that of children. A woman in Nepal has been described as "little more than a pack animal" (Lak 2002:255), "a living robot to do all the housework" (Anonymous 2002:160), and it is reported that "from the very day she learns to walk, a woman...starts to work" (Upreti 2002:111). Molesworth argues "...it has only been since the late 1970s that the role of women in the process of development in Nepal has been considered in development policy" (Molesworth 2001:8-9) and CERID (1999) suggest gender equity is a completely new concept in Nepal. The Nepali Government states their commitment to tackling all forms of discrimination and emphasises priority will be given to women for gender equality and rights (HMGN 1998b). Yet, CERID (1997) notes "all in all, gender disparity is conspicuous in Nepal, regardless of international and national level seminars held and the commitments made to bring about gender equity in the society" (CERID 1997:7).

Gender inequality is matched by the inequalities between Nepal's many ethnic groups. Nepal describes itself as a Hindu Kingdom but there is a significant Buddhist population and many other religions are represented. Claims are made that Nepal does not suffer the same caste problems of India and that the government adopts an 'inclusive' approach to all religions and ethnic groups (Gellner 2003; NSAC 1999) but in reality, most government staff are from dominant high caste families, and systems of patronage dominate society. Indeed, DHSP (2003) claim that in Nepal "the Hindu caste system institutionalises discrimination against certain occupational groups..." (DHSP 2003:10). This has resulted in vast gulfs between the experiences and opportunities of different Nepali people. The rich may purchase luxury 4X4 vehicles in Kathmandu, while the

rural poor haven't enough to eat. Discontent is fuelled by the extreme nature of these inequalities and the majority of the Nepali population remain poor.

1.3.1 Health in Nepal

Any exploration of Nepal's health is dominated by disease and mortality due to the severity of ill-health and the dominant focus on biomedicine and clinical interventions to reduce mortality rates (NSAC 1999). Indeed Collins (2001) reports the Ministry of Health being described as the 'Ministry of Medical Care'. Despite the need for basic health care and the apparent commitment within Government to primary health care provision, funds to primary health are decreasing and funds for tertiary care are increasing (Collins 2001; Grant 2002). For example, DFID argues

“too often institutional neonatal care is seen as centring around technology such as incubators which will benefit only a tiny fraction of newborns. There are significant risks from over-medicalisation and unnecessary interventions” (DFID 2002L:5/4).

This prioritisation of hospital-based care, often located in main town centres, exacerbates the inequalities in health care between those in rural and urban areas.

Despite some improvements in recent years, health indicators in Nepal are amongst the worst in the world (DFID Nepal 2000a). The infant mortality rate at 75/1000 live births and the maternal mortality rate at 539/100 000 births are among the highest in the world (ADB 2002b; NSAC 1998; World Bank 2001a). The Nepali Government claim that “a Nepali woman has a 1 in 32 chance of dying because of pregnancy or childbirth in comparison to a woman in a developed country where the chance is 1 in 10 000” (HMGN 1998a:1). Maternal mortality rates are high because most births occur at home in unsafe conditions (World Bank 2001a) and only 10-13% of births are attended by a skilled health professional (ADB 2002b; NSMP 2002a). Osrin et al (2002) found that where no skilled attendant was present, poor hygiene and newborn exposure to hypothermia were risks.

Early marriage and childbirth also contribute to higher maternal mortality. Early marriage remains widely practised in Nepal (Bista 1991; Mainali 2002; Neupane 2002; UNAIDS & UNICEF 2001), with one figure quoting 7.6% of Nepali girls marrying between ages 10 and 14 (Shrestha 2001) and other claims that early marriage is common (Odari 2003). This is despite the youngest legal age of marriage being 16 for girls⁵. In addition, women's low socio-economic status, poor access to health services, poor quality basic and emergency obstetric care, poor nutritional status, legal barriers to accessing abortion⁶ and a lack of awareness of the risks associated with pregnancy and childbearing, all contribute to the high rates of maternal mortality (GTZ 2002; IDS 1999; NSAC 1999; NSMP 1997; World Bank 2001a). As a result of the maternal mortality rates, programmes for safer motherhood have a high profile and are supported by the Nepali government and many donors.

Although availability of public health services has increased throughout Nepal, they remain beyond the reach of many people, particularly rural women and other socially excluded groups (World Bank 2001a). Most women have to consult family members, usually husbands and mothers-in-law or those controlling family finances before they can seek health care (GTZ 2000; NSMP 2002a, NSMP 1998a; World Bank 2001a). Consequently, women often receive the lowest priority for health care in the family, and there are reports in South Asia of girls being brought to health facilities in more advanced stages of illness than boys (Fustukian et al 2003), and of health posts and district hospitals being viewed as the last resort, only utilised for serious and persistent illness (Justice 1989).

Financial constraints constitute considerable barriers to health care, but other constraints are also important. For example, many Nepalis cannot afford lost work time or are too ill

⁵ Legal ages of marriage in Nepal demonstrate gender inequality at 16 for females and 18 for males where there is parental consent, and 18 for females and 21 for males without consent (HGMN 1998b). In practice these laws are difficult to enforce.

⁶ In Nepal, abortion was legalised in November 2002 (Basnet et al 2003; NSMP 2002a-b), although there remains a lag in the knowledge and skills of health professionals to offer safe abortion. Many cultural and religious barriers remain to women accessing abortion services without fear of reprisal or economic costs.

to travel long distances required to reach a health facility with suitably qualified staff. Where rural health facilities are staffed, Justice (1999) notes that most of these staff are male due to cultural barriers preventing women working in remote health posts. This lack of female staff creates another barrier to women accessing care, particularly for sensitive issues such as reproductive health (World Bank 2001a).

Health staff view these rural postings as low status and as unable to provide an adequate living standard compared to the relative comforts of work in Kathmandu. The rural sub-health posts that serve most of the poorest people are therefore least able to offer quality primary health care. Justice (1989) found that peons⁷ were frequently the only, or the most approachable member of staff available, and they undertook most interaction with patients. They were often, therefore, the most knowledgeable about patients. Justice discusses the dilemma that results, where peons need training, but if their role delivering health services is formalised, they will then be transferred elsewhere and will no longer be available within their own community.

More specifically, in terms of reproductive health, there has been a national commitment in Nepal to the International Conference on Population and Development (ICPD) Action Plan from Cairo in 1994. This has included assimilation of the broad sexual reproductive health (SRH) rights and choices agenda within the Nepal Reproductive Health Strategy (Bonetti et al 2002; HMGN 1998c). Despite this commitment, many challenges remain:

“...how do you bring Cairo home in an area that is so remote that even government health personnel are reluctant to stay there for any length of time, and reaching the district hospital requires several hours walk uphill? Yet, here the need was greatest, maternal mortality highest and assisted deliveries unheard of because there was no doctor at the hospital and...only one midwife in the entire district covering a population of 230,000. In addition, traditional beliefs and practices that negatively influence reproductive health still prevailed and the status of women was lower than that of animals” (GTZ 2001:1).

⁷ Peons are “the lowest ranking worker, whose job [is] to do custodial work and run errands” (Justice 1989:83).

Despite commitment to the ICPD Plan of Action, narrow interpretations of reproductive health persist. Safer motherhood initiatives stress reducing maternal mortality and concentrate on provision of hospital based emergency obstetric care (EOC). Nepal's fertility rate is declining (HMGN 1998b), but some donors and the Nepali government retain the rhetoric of population control within many of their documents (ADB 2002b; 1999; HMGN 2002b; 1998b; Seddon 1993; World Bank 1999). Calls for population control are fuelled by concern that economic growth in Nepal has not benefited the rural poor (ADB 2002b; DFID Nepal 2003). However, critiques of neo-liberal economic policies would suggest this may have less to do with population growth, than the lack of neo-liberal, equitable distribution mechanisms (Comelieu 2002; Jacobs 1996). Hartmann argues that population control

“...diverts attention away from addressing the real causes of poverty, and hence of high birth rates. It provides a smoke screen behind which Third World governments and Western aid agencies can hide their failure to challenge the unequal distribution of wealth and power, which prevents broad-based economic development. Population control is substituted for social justice, and much needed reforms – such as land redistribution, employment creation, the provision of mass education and health care, and the emancipation of women – are conveniently ignored” (Hartmann 1995:37).

Seddon (1993) argues that to blame Nepal's poor development on population growth is a large over-simplification of Nepal's complex development situation. Some authors also raise concerns that the World Bank and others advocating population control, only pursue women's education and SRH initiatives as a means to achieving population control and economic ends (Abu-Ghaida & Klasen 2004; Jeffrey & Jeffrey 1997; Robinson-Pant 2004).

Historically, population control programmes have targeted South Asia, and although Nepal perhaps escaped some of the worst coercive family planning campaigns carried out in neighbouring countries, the country was still influenced by regional trends (Blake 1998; Brazier 2001; Concepcion 1994; Correa & Reichmann 1994; Hartmann 1995; Kabeer 1994). As a result, Nepal has been left a mixed legacy. On the one hand, many modern methods of contraception are popular with Nepali women, and there are benefits

of a 39% uptake of modern contraceptives by women in Nepal, but on the other hand, contraception has been dominated by injectable methods of contraception and female surgical sterilisation resulting from family planning programmes that have emphasised less reversible methods (ADB 2002b; Martinez & Koirala 2002). Relying on often unnecessary surgery for contraception, may place women at excessive risk of morbidity and mortality in a country where many women have poor access to adequate health care. Molesworth (2001), in her study, also reports that condoms and sterilisation were often the only contraceptive options and both were unacceptable to many Nepali women.

Narrow interpretations of reproductive health also overlook the strength of cultural, religious and traditional practices influencing health. Some beliefs about menstruation and childbirth impact negatively on women's physical and mental health. Women's bodies are viewed as ritually polluted during menstruation, pregnancy and childbirth (Acharya & Shrestha 2002; Bonetti et al 2002; Franscescani 2000; Uprety 2002). When women go into labour, many people believe they are polluted for the next 11 to 30 days (depending on the geographical area of Nepal) (Franscescani 2000; GTZ 2002). This leads to problems transporting women to hospital in emergencies, where taxi drivers believe their taxi will become polluted and others refuse to touch pregnant women. Women in labour and for up to between 11 and 22 days after birth are often isolated in cowsheds and other unclean, cold and harsh conditions outside the home (GTZ 2002). Osrin et al (2002) found in their study that 11% of women gave birth alone, and Uprety (2002) reports that even if a woman is suffering from heavy bleeding or infection, she is not supposed to be touched and so women often go untreated and many simply die. The extent of maternal deaths may not be known, as often they are not recorded (Uprety 2002). Where women do manage to access maternal health services they may be discharged as little as six hours after delivery risking the possibility of unmonitored post-partum haemorrhage, particularly if women have to travel long distances home (NSMP 1998b). Strong traditional beliefs also dictate limitations to the food given to women after the birth of a child. Often women are given only milk for the first seven

days because people believe solid food consumed during this time will cause the child to die (Rai H 2002).

In Nepal HIV remains low in the general population but rates of infection have been rising among injecting drug users and female commercial sex workers in Kathmandu. Open transport routes to and from India, where there are much higher rates of infection, may result in Nepal facing a greater HIV challenge in the future (Furber et al 2002; UNAIDS & NCASC 2003). Nepal's poor health and development context suggests that increasing HIV infection could be devastating. The Nepali Government and the donor community have collaborated to produce an HIV/AIDS strategy that could help towards mitigating this potential devastation. This strategy, however, contributes to the continuing separation of HIV from other reproductive health initiatives.

Currently, perhaps one of the greatest challenges to providing access to effective SRH services in Nepal is the ongoing conflict. There are increased rates of migration due to the conflict that may lead to increased HIV transmission risks. At the same time, access to many rural areas has been highly restricted affecting voluntary sterilisation camps and primary health care outreach activities (Martinez & Koirala 2002). Nevertheless, in many cases, family planning campaigns have continued (NSMP 2002a).

1.3.2 Education in Nepal

With the help of foreign donors, the Nepali education system expanded between the 1960s and 1980s and the number of school buildings increased dramatically even in remote rural areas. The tendency to build school buildings was favoured by many donors as an effective way of demonstrating where money had been spent. Flags or logos on a building were visible reminders of help given by a particular agency (DFID 2001c; King & McGrath 2000b). These buildings were an important step to improving schooling in Nepal, but less attention was being given to the quality of schooling (Dixit 2002).

Macfarlane (1993) argues some private schools in Nepal are of good quality but the average rural school remains badly equipped and teaches an obsolete curriculum whilst many of the teachers do not understand the language of the ethnic group they are working with. Many rural schools also do not have enough good quality trained staff to fill them. Most teachers are untrained, although some will have a school-leaving certificate (SLC) - the minimum requirement for teaching but which only 10% of pupils from state-run schools actually pass (Dixit 2002; HMGN 2001; Yamashita & Yamashita 2000). About 46% of teachers have received one quarter of the Nepali Government training required (HMGN 2001). Consequently, education is often of a poor standard, yet, remains relatively expensive resulting in many parents not sending their children to school. There are also problems finding enough women who have an SLC. In rural areas where 85% of teachers work, only 17% of teaching staff are women (Yamashita & Yamashita 2000). This is of particular importance since where there are more female teachers there is a larger proportion of girls in school (Sibbons et al 2000). On the other hand, in secondary schools, where female teachers are very poorly represented, girls are influenced by this and the proportion of girls in secondary school decreases sharply as the school years rise (Tuladhar 1998; Boyle et al 2002).

Females usually attain only half the number of years of schooling as males (Boyle et al 2002; DFID Nepal 2003). Women and other socially excluded groups face barriers to schooling and "...some ethnic groups are socially prohibited from entering schools" (Boyle et al 2002:105). In their study concentrating on six countries, Boyle et al found that

"Nepal illustrates the widest gender gap in schooling attendance patterns, in drop-out and progress through grades...By the end of secondary grades and the school leaving certificate in the country as a whole less than half the number of girls as boys enter the examination, and of those that do enter a third of the number of girls pass the exam as compared to boys" (Boyle et al 2002:113).

Where families can't afford to send all their children to school, typically boys are sent and girls remain at home (GTZ 2002). The Nepali government argues that financial

hardship will not prevent children going to school: “the needy and underprivileged will not be deprived of needed services because of inability to pay” (HMGN 1999:14). However, these are grand claims for an education system in crisis. Dixit reports that there has been a

“...neglect of schooling to the extent that Nepal’s national education system is possibly the worst in all of South Asia and at par with some of the most backward pockets of the subcontinent” (Dixit 2002:195).

In the context of Nepal’s support for the MDGs, particularly the gender equity in education goal, the ratio of girls to boys in primary school education increased from 0.54 in 1990 to 0.78 in 1999, and in lower secondary education improved from 0.41 to 0.71 in 1999 (ADB 2002b). Inextricably linked to education, the ratio of 15-24 year old literate females to males also increased from 0.48 in 1991 to 0.77 in 2000 (ADB 2002b). However, the level of illiteracy still averages 75% among women of all ages and is one of the highest in the world (Burchfield et al 2002). Even higher illiteracy rates are reported among women in some of the mountain regions of Nepal (based on official literacy definitions) (HMGN 2002a; NSAC 1999) with some claims of illiteracy rates as high as 91% (Uprety 2002).

Sibbons et al (2000) describe “one of the noticeable and consistent features of the results of research into education in Nepal is the diversity of the causes of educational failure” (Sibbons et al 2000:5). The Nepali education system saw the beginnings of a SWAp in the 1990s with the introduction of the Basic Primary Education Programme (BPEP) (Maslak 2001). BPEP and its successor BPEP II include an emphasis on the need to bring donors and the Nepali Government together to co-ordinate plans and support for the education sector. However, prospects of a successful SWAp in the education sector have been described as poor (Upadhyaya et al 2002). BPEP and BPEP II include proposals for more school buildings as well as the need to increase girls’ primary school enrolment and retention. The Nepali Government describes BPEP II as a “...comprehensive strategy for addressing access, equity, quality and management related issues” (HMGN 2002c:2). This sectoral approach acknowledges that success in

improving access to, and quality of, primary schooling would lead to a rise in demand for post-primary education and teacher training (DFID 2000a). Greater co-ordination around an education SWAp could enable planning to be ready for this increased post-primary level demand. DFID and many other donors, however, are focused on achieving the MDGs that emphasise primary schooling, and are less supportive of secondary or further education initiatives (DFID 2004c; DFID Nepal 2003; King & McGrath 2004; McGrath 2002a).

BPEP II includes a number of initiatives aimed at reducing the gender gap in schools. These have included improvements to the school environment such as school toilet provision. They have also included enhancing the participation of girls through positive discrimination, by recruiting more female teachers at primary school level and through gender sensitisation programmes for teachers, parents, students and the local community (CERID 1997; HMGN 2001). Incentive schemes have been used, although implementation of these schemes can be difficult, and in some instances money has been distributed equally to all girls rather than equitably. In other cases, teachers' own children and their relatives have been the beneficiaries (CERID 1999). There are, however, some success stories, and increased enrolment, decreased dropout, better student attendance, improved learning and changes in the motivation of parents to send their children to school, have all been reported (CERID 1999). Despite these positive developments girls continue to suffer physical and psychological discrimination and sexual abuse from teachers and fellow pupils, reducing the likelihood of enrolment or completion of schooling (Boyle et al 2002). There also remains a lack of political commitment to addressing wider societal gender discrimination that contributes to the underlying causes of gender inequalities in education and more generally.

The Nepali Government claims that "education plays a prominent role in creating patriotic, disciplined and productive *manpower*" (HMGN 1998b:605 emphasis added). Many teachers are politically active and the Maoists disseminate pro-Maoist messages and recruit directly from schools, resulting in schools being highly politicised (Bird &

Koirala 2002; Dixit 2002). In addition, the statement above from the Nepali Government, reveals language of state control through education that is a stark contrast to more empowering approaches such as Freire's concept of education. Freire talked of aiming to "...abandon the educational goal of deposit-making and replace it with the posing of problems of human beings in their relations with the world" (Freire 1993:60). According to Dixit (2002), the education system's ability to turn out literate but under-educated school graduates with a developed sense of nationalism, alongside few job opportunities, have sown the seeds of the Maoist insurgency. Dixit argues that

"the reason it is important to focus on Nepal's teaching and learning is because each and every malaise that the country is saddled with today harks back to the poor quality of schooling" (Dixit 2002:194).

Dixit continues

"Nepal today has over 40,000 schools. This is quite an achievement for a country that started with just a handful over a century ago. The continuous promotion of 'education' as part of the development agenda created a demand for schooling among the population, which is also a success in itself. The need to send girls to school, too, is an idea that has permeated the rural consciousness. These represent significant 'infrastructural' and psychological advances, but the problem that remains is the value of what is imparted in the classroom" (Dixit 2002:196).

Lillis (2002) argues that Non-Formal Education (NFE) and literacy classes can in no way fully compensate for the incapacity of school systems to deliver universal cohorts of educated graduates. Nevertheless, NFE literacy classes are viewed by others as one of the most cost effective elements of community development and are crucial in a country where a large proportion of the population are illiterate (Llewellyn 1997; World Education 2002). Lillis (2002) also reports that the national provision of literacy programmes faces problems including a lack of co-ordination and under-conceptualisation, while programmes have had limited impact on reducing illiteracy and poverty. Poor education and illiteracy remain substantial barriers to development in Nepal (ADB 1999).

1.3.3 Development in Nepal and the Escalating Conflict

Nepal has proved remarkably resistant to development. Whilst this phraseology suggests that Nepal itself has resisted development, in reality there have been many barriers to progress. DFID Nepal reports that

“despite four decades of development, supported by large aid flows, Nepal’s poverty reduction record is mixed. The country remains one of the poorest in South Asia with two out of five Nepalis living in poverty” (DFID Nepal 2003:3).

According to some authors, the Nepali Government and external development partners (EDPs) have demonstrated commitment to poverty reduction and the MDGs (Grant 2002; HMGN 2002b). In common with a number of other countries, other authors, however, argue that the first PRSP (the summary of the Tenth Nepali Government Plan) and support for the MDGs, have been strongly donor-driven and far from straightforward (Fowler 2003; HMGN 2003, 2002b). Despite some improvements in literacy and health, Nepal continues to have some of the worst social indicators in the region (DFID Nepal 2003; Macfarlane 1993; Martinez & Koirala 2002).

In Nepal, criticism of the minimal impact of development is levelled at the Nepali Government, donor organisations, and more recently at the growing conflict. Criticism of the Nepali Government often centres around Bista’s seminal study on ‘Fatalism and Development’ (Bista 1991). Bista argued ‘fatalism’ is rooted in Nepali Hindu and Eastern belief systems and leads to thinking that “...one has no personal control over one’s life circumstances, which are determined through a divine or powerful external agency” (Bista 1991:4). Fatalism results in people thinking there is little point in trying to make change in society because everything is predetermined and therefore “fatalism greatly affects purposeful problem-solving and goal-achievement behaviour” (Bista 1991:77). In this environment, hard work is looked down upon and education is seen purely as a means to gain higher status and to acquire a job where you can do little and order others around (Abbatt 1999; Bista 1991; Gyawali 2002).

The strength of these systems of patronage and status in Nepal have allegedly led to corruption going unchallenged within the government, while development makes little progress (DFID 1998; DFID Nepal 2003; Dixit 2002; Gyawali 2002; Shrestha 1999). Patronage, the quest for status and better remuneration possibilities lead to frequent staff transfers (Basnet 2000; Collins 2001; Smith 1994). These staff transfers make policy implementation particularly difficult and pose a barrier to cross-sectoral working where key actors involved in collaboration continually move on.

Nepali systems tend to be based on management systems that are not formally established and where time is interpreted flexibly, rules are not clearly defined but left vague and informal connections are often more important (Bista 1991; DFID 1998; Somlai 1993). Bista (1991) adds that

“the real world of the west is not the real world of the high caste Hindus; these are fundamentally different ontologies. Western economic development theorists and foreign aid administrators continually ignore this difference and retreat into their own ethnocentrism, which is of little help in untangling the problems of development facing Nepal” (Bista 1991:84-85).

The partnership between the Government and donors is judged to be far from ideal and in some cases donors have displaced the Government's role in development. Donors have been accused of lacking transparency (DFID Nepal 2003) with reports of some donor expenditure not being notified to the Government (Grant 2002). Indeed, DFID Nepal faced embarrassment in the Nepali press in 2003, for undertaking activities about which the Nepali Government was unaware (Acharya 2003). On the other hand, the Government have been accused of lacking political commitment to poverty reduction (DFID Nepal 2003). Collaboration between the Nepali Government and the donor community remains complex and partnership working is far from ideal.

Criticism of donors is also partly based on the relatively opulent lifestyles, which some staff lead, that contribute to income inequalities in the country, and which do not juxtapose well with donor claims to be working towards tackling poverty inequalities (Hancock 1989; Sylvester 2004; Tamang 2003). There is also criticism of the excessive

use of external consultants, paid high fees in local terms, often unfamiliar with the country and not always connected to earlier stages of the policy and planning process (Justice 1989; ODC 2002b; Somlai 1993). As Cohen argues “extraneous expertise is insensitive to the modalities of local knowledge” (Cohen 1997:33). Somlai also questions how ‘expert’ some of this advice is

“...experts who are often unseasoned Jacks and Jills at home find themselves being promoted to someone ‘special’ in Nepal and sometimes taking on responsibilities far beyond their competence” (Somlai 1993:17).

Somlai continues

“so much weight is given to expert advice nowadays, that we risk the erosion of often sensible traditional politics, not realising that foreign experts operating with different theoretical premises can cause incoherence in recommendations” (Somlai 1993:17).

Many Nepalis, including some government staff, argue that donor development efforts have been inappropriate. At best, efforts have been ineffectual, at worst they have actually increased the gaps between the rich and poor (Poudel 2003). One of the key problems has been the sheer number of donors working in Nepal and their lack of co-ordination, excessive fragmentation and overlapping activities (ADB 1999; Upadhyaya et al 2002). Blame and lack of responsibility are handed back and forth while Nepal slips further into a state of poverty, conflict and stagnant development, running the unenviable risk of being described by some donors as a ‘failed state’ (DFID Nepal 2003; Karki & Seddon 2003b). There has been some improvement, for example, through opportunities for the Government and partners to meet at the Nepal Development Forum (NDF) (ADB 2002c; DFID Nepal 2003), although donors have faced criticism recently for continuing to recognise this forum that is linked to the Nepali Government, in the light of the un-representative nature of the current government (Tamang 2004; Thapa 2004). Tamang states

“...the question of exactly how much, or how little of Nepal is currently controlled by the Nepali government must surely be raised. Presumably good governance requires having a certain amount of sovereignty over the territory to be governed” (Tamang 2004: unpagged).

Two thirds of Nepal has a strong Maoist presence, and a quarter of Nepal is considered to be under the control of the Maoists rather than any form of central government (Gellner 2003; Tamang 2004; Seddon 2003).

Poverty, inequality, corruption, abuse of power, social and political exclusion, domination by elite caste groups and development failures at a local level, have all contributed to an increased dissatisfaction that has provided a fertile ground for a Maoist insurgency (DFID Nepal 2003; Martinez & Koirala 2002; Tamang 2004). In this context, policy implementation, viewed as one of Nepal's major weaknesses (ADB 1999; CERID 1997), is likely to worsen.

The conflict situation has deteriorated since 1996, with estimates of over 10,000 dead (Bell 2004). The conflict is now undermining any past development progress that was made and threatens future progress towards the MDGs. The strong Maoist presence in certain areas of Nepal has led to the withdrawal of some donors from these conflict-affected areas. Donor programmes need to be acceptable to both the Government and the Maoists creating more barriers to development (DFID 2004c; DFID Nepal 2003). A ceasefire was reached in January 2003, but few negotiators were prepared to compromise their positions and Nepal erupted into further violence in June 2003. The failure of previous ceasefire agreements and negotiations to end the conflict, have important and potentially long-term consequences, as David Wood, former Head of DFID Nepal stated in an interview with Poudel

“...failed attempts at negotiations are not costless – after each attempt the level of violence increases and along with it the level of human rights abuses and suffering. Poor people suffer the most from any conflict and they are the people that DFID works for” (Poudel 2003:22).

There are worrying levels of human rights abuses taking place in the context of the conflict, and many of these go unchecked (DFID Nepal 2003). Local people are often caught between Maoists and security forces and most live in fear of both (Bird & Koirala 2002). The District Health Strengthening Project describe “men, women and children...living with the constant fear of torture, violence and death; women...being

sexually abused, older people who are outspoken are violently victimised...” (DHSP 2002). These abuses are being perpetrated by both Maoists and the Nepalese Army, and yet are often going unchallenged:

“...the senior army official in charge of human rights issues has made it clear that prosecutions for human rights violations are out of the question during the conflict in order to maintain troop morale” (Porter 2003:24).

This creates a dilemma for DFID where its own Government MOD, alongside other donor governments, have supported the Nepalese Army with helicopters, planes and other supplies (Barnett 2004; Porter 2003; Yogi 2002).

In the context of the conflict,⁸ there are increasing calls for more connectivity between sectors (HMGN 1999; NSAC 1999; World Bank 2001a). Cross-sectoral approaches between reproductive health and women’s education may appear luxurious in this situation. Alternatively, in this context, cross-sector approaches may be the only feasible way of achieving a coherent approach to ensure basic service delivery. The Maoist’s articulation of improved women’s rights, education and health along with a promise of political change that includes challenging corruption, are attractive to many Nepalis who have seen few improvements and sometimes worsening of their livelihoods in recent years. However, the values for which the Maoists claim to be fighting are now being eroded further by the violence itself. The conflict is hindering delivery of basic services (ADB 2002b):

“...the conflict itself is now the biggest impediment to development. The conflict has exacerbated poverty in the affected areas and at the national level. It has greatly reduced development activities, and caused considerable damage and destruction to public and private property, has forced migration of the young and the able-bodied, displaced populations and reduced food security” (DFID Nepal 2003:6).

⁸ The conflict situation is constantly changing, and as I finish writing this thesis (February 2005) the King has overthrown the government and announced a state of emergency. Members of the Nepali Government are under house arrest and in Kathmandu telephone and internet connections have been cut, the airport shut and armed vehicles are patrolling the streets (BBC News 2005; Bell 2005). The donors have been described as being in a ‘wait and see’ mode (Nepali Times 2005). Nepal’s development prospects continue to look bleak.

It is no surprise that countries struggling to reach the MDG targets are mainly those that have active conflict or are post-conflict zones (Fustukian et al 2003). Most people agree that achieving peace will be the first step towards development progress for Nepal (Poudel 2003). It is imperative, however, that future development activity also redresses growing inequalities within Nepal, as the country becomes increasingly open to the outside world. As Allman asserts

“Nepal is a very poor, not very successful Third World country...Nepalese...face the barbed possibilities of modern times. Openness to the outside world, but at what social and environmental cost? Freedom – but freedom to do what?” (Allman 2000:116-117).

1.4 Chapter Outline

The Nepali context outlined above is relevant to DFID’s work at country-level and to the data collected in Nepal, which will be referred to throughout this thesis. The remaining chapters of the thesis are outlined below.

Chapter Two: Research Methodology

In the following chapter, the underpinning hierarchy of epistemology, theoretical frameworks, methodology and methods for this research are discussed. The research questions outlined in section 1.2.1 were informed, and were in turn influenced by a social constructionist perspective. The political nature of the research area, led to the adoption of feminist and critical theories as theoretical frameworks. The paucity of information and theory on cross-sector policy and practice definitions and guidelines led to the use of elements of grounded theory. The use of grounded theory acknowledged the emerging nature of themes and theory, and the importance of reflexivity in the research process. Informed by these layers of research philosophy, methods were selected on the basis of their suitability to best address the research questions.

A key research debate between qualitative and quantitative methods is presented in the context of cross-sector policy and practice research. This debate also informs the selection of methods in this research. Each of the settings for data collection, the

research sample and ethical considerations are also outlined. The stages of the research process are presented and highlight that stages are rarely discrete, and that there is constant reflection, analysis, and action taking place. Finally, the researcher's influence on the research is acknowledged and discussed.

Chapter Three: Cross-Sector Policy and Practice

In the context of increased calls for cross-sector policy and practice, Chapter Three explores the rationale behind this emphasis. Definitions of collaborative terms are presented and contrasted with concepts of cross-sectorality. Different levels and types of cross-sector policy and practice are presented and illustrated using a cross-sector continuum model and other diagrammatic representations. These diagrams help to demonstrate the effectiveness of visual representations for exploring collaborative relationships.

Within general literature on collaboration, existing evidence is presented that outlines the perceived benefits and appropriate circumstances for pursuing collaborative approaches. This literature is discussed in relation to more specific cross-sectoral approaches.

Chapter Four: The Department for International Development (DFID)

Chapter Four outlines the current international and UK context in which DFID works and in which cross-sector policy and practice is relevant. Changes to patterns of aid disbursement and to 'donor – recipient' relationships are presented, followed by an outline of DFID's internal structure and culture.

The different research settings representing different hierarchical levels of DFID and the department's partners in the UK and Nepal are then presented. This is followed by an exploration and discussion of the ways in which DFID is attempting to adopt cross-sectoral policy and practice and its approach to reproductive health and women's education.

Chapter Five: Reproductive Health and Women's Education

Chapter Five presents research literature linking reproductive health and women's education and explains how this has been used in this study as an illustrative example for exploring cross-sector policy and practice at DFID in the UK and Nepal. The research linking reproductive health and women's education is complex, and has proved contentious. However, even allowing for co-determinants, there remains a strong link between reproductive health and women's education. This research has often been narrowly interpreted and under-utilised leaving a gap between research and policy. Education has often been pursued as a means to other ends. Within the literature, it is recognised that education is not a panacea for development rather, education is a human right and only one crucial contribution to broader cross-sectoral approaches to development and livelihoods. Finally, the potential for different cross-sectoral levels of engagement between reproductive health and women's education are discussed.

Chapter Six: Cross-sector Policy and Practice at DFID

This chapter outlines the key findings for research question one: Is there evidence for cross-sector policy and practice at DFID? In order to answer this, Chapter Six begins with an examination of how cross-sector policy and practice are defined and understood by DFID staff and partners, as well as what rationales are used to justify pursuit of these approaches. Varying degrees of cross-sectoral engagement were found at the different levels of the DFID hierarchy. Facilitators of cross-sector policy and practice are explored and general examples of cross-sectoral approaches are presented in this chapter. Examples more specific to reproductive health and women's education are presented in Chapter Seven.

Despite some noteworthy attempts by DFID to engage in cross-sector policy and practice, there remained a significant gap between the rhetoric of cross-sectorality and the operationalisation of these approaches. A number of challenges faced by DFID were identified as contributors to this gap in operationalisation, and these are outlined and discussed in detail here.

Chapter Seven: Cross-sector Policy and Practice between Reproductive Health and Women's Education at DFID

This chapter outlines the key findings for research question two: Is there evidence of cross-sector policy and practice between reproductive health and women's education at DFID? Chapter Seven examines DFID's interpretations of reproductive health and women's education and the rationales given for adopting cross-sectoral approaches between reproductive health and women's education. Evidence is presented that demonstrates low levels of cross-sectorality between these issues and a significant gap between the reproductive health and women's education research and DFID's policies in these areas. Respondents' suggestions about factors contributing to this gap are presented and discussed.

Chapter Eight: Discussion

This chapter brings together the key themes and findings of the research. The evidence for cross-sector policy and practice at DFID generally and in relation to reproductive health and women's education is presented. This is followed by a debate about whether cross-sectoral approaches are actually beneficial or not and results in calls for placing more emphasis on cross-sectoral processes.

Utilising the literature and the research findings from this study, there then follows a substantial discussion of lessons to be learned about cross-sector policy and practice. These lessons include the need to: find middle ground between polarised debates; bridge the research-to-policy and policy-to-implementation gaps; provide both individual and institutional support; maximise facilitators and find strategies for dealing with barriers to cross-sector policy and practice; ensure the policy context is sufficiently considered; and undertake further research. This discussion leads to the conclusions and recommendations in the final chapter.

Chapter Nine: Conclusions & Recommendations

The final chapter concludes that:

- 1) there are greater levels of cross-sectoral engagement at project-level than at other levels of the DFID organisational hierarchy;
- 2) there is a gap between the rhetoric and the operationalisation of cross-sector policy and practice. There is also a gap between the reproductive health and women's education research and DFID's policy in these areas;
- 3) there is little evidence for the benefits of cross-sectoral approaches, but they receive widespread support on the basis of perceived benefits; and
- 4) there is a need to focus on cross-sectoral processes in themselves.

The chapter then makes recommendations based on these conclusions for DFID and other organisations pursuing cross-sectoral approaches.

Chapter Two: Research Methodology

2.1 Introduction

This chapter outlines the epistemological, theoretical and methodological values that informed the methods selected to answer the research questions set out in Chapter One. The research process is described and reflected upon and the importance of the relationship between the researcher and the research is also outlined. In making this relationship explicit, the intention is to minimise assumptions within the research process and to clarify research decisions taken.

Previous research has been undertaken addressing some elements that are common to this study, but to the best of my knowledge, no studies have addressed these specific research questions. This research, as Shipman (1981) acknowledges, does not start from a blank page, but acknowledges previous accumulated models of the world. Janesick (1998) describes research progressing with unintended occurrences and changes often informed by intuition and hunches. Certainly, the research process for this study adapted as it progressed. This chapter attempts to acknowledge the iterative, reflexive and complex nature of undertaking research that engages with disordered reality.

The research methodology in this study has been significantly influenced by Crotty's (1998) 'Four Elements', which he sets out as a hierarchy underpinning research methodology. Using this framework, the research 'elements' chosen for this study are illustrated in Figure 2.1 and are discussed in the following sections.

2.2 Epistemology

Epistemology, or the theory of knowledge, is crucial to the foundations of any research. Epistemology is heavily influenced by ontology, or the theory of 'being': "...to talk of the construction of meaning is to talk of the construction of meaningful reality" (Crotty 1998:10).

Figure 2.1 Methodological Hierarchy (after Crotty 1998)

Epistemology

Social constructionism

Theoretical Frameworks

Feminist Theory

Critical Inquiry

Methodology

Grounded Theory

Narrative Analysis

Methods

Literature Searches

Document Analysis

Semi-structured Interviews

including Participatory Methods

Informal Meetings

Critical Reflection

Researchers have different beliefs about how knowledge is created and understood. These beliefs inform the different research questions, design and methods selected in research studies. A social constructionist epistemology underpins this research study. Social constructionists believe that knowledge and meaning cannot exist independently of people, but are conferred onto subjects and objects through human interaction and engagement with the world (Berg 2001; Crotty 1998). As Crotty states “there is no meaning without a mind” (Crotty 1998:8-9). Therefore an object or subject only holds meaning because of its relationship to people; in the absence of people no meaning can be assigned to something even if it can still be said to ‘exist’. Crotty adds: “what is said to be ‘the way things are’ is really just ‘the sense we make of them’” (Crotty 1998:64).

Constructivists take a similar interpretation of the world, where meaning is created by the relationship between objects and an individual mind. However, as humans we are both individual and social beings (Cole 1999) and this is reflected in social constructionist’s acknowledgement of the collective generation of meaning (Crotty 1998).

The adoption of a social constructionist framework for this research, results in subjectivist and positivist ideology being rejected. For subjectivists, meaning is imposed on an object, so there is no relationship or interaction between the object and the subject, with the object therefore making no contribution to the generation of meaning (Crotty 1998). A positivist perspective understands knowledge to be able to exist independently of the researcher, and a positivist researcher may try to isolate variables for experimentation. On the other hand, the social constructionist perspective views the researcher as part of the research undertaken and therefore expects the researcher to impact on the results of the study. This is acknowledged in the phenomenon known as the Hawthorne Effect (Clark 1998), where people change their behaviour as a result of knowing they are being researched. In these circumstances, the resulting outcomes may not accurately represent the intended research area or subjects. Oakley (2000) suggests it is almost impossible not to change behaviour, as by definition all research is an intrusion into a pre-existing system of relationships. Even anthropologists adopting an ethnographic methodology and perhaps living in one location as part of a community for a long period of time, almost always find that they remain treated as an outsider (O'Brien 1993). They may never know if behaviour is as it would have been were they not there.

Social constructionists acknowledge and accept that researchers impact on the choice of research area, research design, writing, analysis and outcomes. Indeed they acknowledge that there may be some areas of research that are more likely to form the focus of social constructionist research and cross-sector processes may be one of these. From one set of research results, many different accounts may be constructed that represent different researchers' views, experiences and multiple realities. Mehta (1959) noted this phenomenon when he and a friend wrote about the same trip to India and Nepal in the late 1950s and their accounts were completely different versions of the same experience. In fact, their accounts were so different their honesty was called into question at the time.

Crotty (1998) argues that mixed epistemologies are unable to coexist within the same research and even within the mind of the same researcher without implying

confusion or contradictions as to the origins of knowledge. The social constructionist outlook informs the theoretical frameworks selected for this research.

2.3 Theoretical Frameworks

Ontological and epistemological decisions are important according to Christiansen (2001), as they largely determine theoretical and methodological choices. The theoretical frameworks for this research were also influenced by the research questions, which were determined by a gap in the research literature and by personal interest in the study area. In aiming to explore cross-sector policy and practice at DFID in the UK and Nepal, specifically cross-sectoral relationships between reproductive health and women's education, the research questions need to encapsulate processes that are deeply political, dynamic, and inter-related. This political, dynamic, cross-sectoral nature of the research area suggests the need to adopt more political and critical theoretical frameworks. Whilst many theoretical frameworks informed this research, Feminist (Gender) Theory and Critical Inquiry were the main influences. First, feminist theory is explored, followed by some discussion of critical inquiry.

Stanley (1997) argues that the ways in which research has described the world, need to be examined for preconceptions. Feminist theories reorient research to acknowledge the subordinate and often hidden role of women in much previous research. Several authors argue that research studies have often unquestioningly reified positivistic, quantitative practice and 'empirical' science that have been associated with and have accentuated an andocentric focus (Jackson 2002; Oakley 2000). In fact the use of the term 'empirical' alongside science has been part of a political trend that has promoted the power of science. In reality, the word empirical means 'relying on direct experience and observation' (Janesick 1998), a definition as applicable to social sciences and qualitative approaches as it is to research with a more gender equitable focus.

Research studies that have overlooked women represent only a partial reality. Feminist theory has drawn attention to this previous concentration and domination of

male-centred research as well as the reification of positivistic epistemology. However, there remains a need to move towards a 'gender' rather than a 'feminist' research theory that would acknowledge the socially constructed and therefore potentially de-constructed gender relations between women and men. A gender research theory would encompass learning from previous andocentric, quantitative research rather than automatically rejecting it, whilst proposing a redistribution of research power and attention towards more equitable gender representation. In some instances this would include concentration on women specifically in situations where they have been particularly hidden from research view. In acknowledging the unequal relationships between women and men, and exploring the strengths of different research methodology previously deemed predominantly male or female, it may be possible to maximise learning and gain a more complete view of reality.

Although it is possible to chart changes in the construction of women and gender approaches in development discourse, this same process of change is more difficult to discern within research discourse. Certainly, there is a challenge to the dominant andocentric quantitative hegemony, but research theory is still strongly feminist rather than gender and social relations focused, with the exception of a scattering of authors such as Oakley (2000), Cornwall (2000) and Kabeer (1994). However, feminist and gender theories are inherently political. Following earlier work by Molyneaux (1985), Moser (1993) differentiated between practical and strategic gender needs. Practical gender needs are typically those concerned with basic inadequacies such as living conditions, health care and employment. Practical needs are those, which if met, will not alter the existing gender division of labour or challenge women's generally subordinate position in society (March et al 1999). Strategic gender needs relate to power and control and include issues such as legal rights, domestic violence, equal wages and women's control over their bodies. Strategic needs are those that, if they were met, would enable women to transform existing imbalances of power between women and men (March et al 1999). Where gender inequality is entrenched, addressing practical needs may be less politically threatening to powerful elites and those comfortable with the status quo (Kabeer 1999; March et al 1999). Moser's definitions of practical and strategic gender needs

have proved useful tools in clarifying objectives and assessing the impact of development interventions.

Feminist theory is particularly useful in this research, which includes the cross-sectoral policy issues of gender, poverty, reproductive health and women's education. All of these issues require redistributive strategies if they are to challenge current power and wealth inequalities and reorient priorities. Therefore, feminist and gender theories are strongly politically influenced and have significant political implications in their adoption. On this basis, genuine commitment to gender equality requires substantial investment of time and resources, changing mindsets and a willingness to engage in complex debate and action. Feminist and Gender theories share these political influences and implications with critical inquiry, the other main theoretical framework used in this study.

Critical inquiry is rooted in Marxist philosophy, where research is conceived as a process that engages people and can therefore lead to political and social transformation. Crotty (1998) claims that those adopting a critical inquiry approach often have goals of equity and social justice and believe their research to be worthwhile. Alvesson & Skoldberg (2000) highlight that critical inquiry adopts a degree of scepticism that accepted ways of thinking are natural, rational and neutral. Critical inquiry also acknowledges the power relationships in research, and that power is not static but a dynamic and moving force (Martin 1996). As Crotty (1998) states "critical inquiry keeps the spotlight on power relationships within society so as to expose the forces of hegemony and injustice" (Crotty 1998:157). These social goals, critical sceptical approach and stress on the importance of power relationships are consistent with the main focus of this research. They are also consistent with the origins of this research, which were influenced by the strong gender rationale for cross-sector policy and practice on the basis of improved gender equity in access to services and acknowledging the redistribution of power necessary to achieve gender equity (Moser 1993). Finally, they are also consistent with researching DFID as a political bureaucracy, with calls for greater cross-sectorality, and with emphasising the learning potential within the research process itself. Many other areas

encompassed in this research are concerned with power and processes, which have a dynamic nature and therefore need a reflexive research process and theoretical frameworks that acknowledge their iterative nature.

The critical approach to accepted ways of thinking is useful when researching policy. For many years, rational linear models of policy-making dominated discourse (Lasswell 1970, 1948; Simon 1957). Lindblom (1979, 1968, 1959) challenged the idea of clear stages and introduced the concept of 'incrementalism' recognising that in reality policies rarely made giant leaps, but changed in small ways over time. Lindblom's influential paper the 'Science of Muddling Through' described his concerns with linear policy models and presented the more realistic 'muddling through' approach (Lindblom 1959). Muddling through and incrementalism have remained influential terms since. More recent critics of linear policy models have introduced the idea of a policy cycle illustrating that after review, modification and planning start again (Pasteur 2001a). However, despite recognising the iterative nature of policy, these cyclical models remain 'very neat' representations of what are complex policy processes. Similarly, this research has had very few distinct stages, but rather stages with 'blurred edges' and other more iterative and less distinct stages with all stages influencing and being influenced by others. Both the policy process and the research process have the potential to benefit from the reflective, analytical stance of critical inquiry.

Absolutely key to critical inquiry is the adoption of a self-reflective stance by the researcher (Alvesson & Skoldberg 2000). The researcher therefore approaches the research by continually reflecting, adapting and acting on new ideas in a reflexive manner. The research process itself thus provides an opportunity for learning about and changing cross-sector policy and practice. Consequently, the outcomes and recommendations from this research, informed by critical inquiry, have the potential to contribute to awareness and learning on both conceptual and practical levels.

Both critical and feminist theories informing this study are highly political. They challenge the myth that research can be value-neutral and that research can be

separated from policy agendas and implementation. As Alvesson & Skoldberg claim “critical theory draws the attention to the political dimension in research. Social science cannot maintain neutrality and objectivity in relation to social phenomena” (Alvesson & Skoldberg 2000:143).

Acknowledging the political context to knowledge and meaning gathered in research, implies the existence of tensions and potential conflict in debates. Yet, it is these tensions and debates that may in fact hold the greatest potential for learning in the political arenas of cross-sector policy and practice at DFID, and within the political interpretations of reproductive health and women’s education research in this study.

2.4 Methodology

A social constructionist epistemology, feminist theory and critical inquiry all strongly influence the methodology selected. The research questions focus on processes that are dynamic, suggesting the use of methodologies that are iterative, reflexive and flexible, and as Robinson-Pant (2000) describes, that explore complexity rather than quantify outcomes. This research, therefore, uses elements from grounded theory and narrative analysis, two methodologies emphasising reflection, iteration and subjective interpretation. These methodologies are briefly outlined here.

Grounded theory evolved from a concern about an overemphasis on verification of theory rather than on the earlier step of discovering what concepts were relevant to an area of research. Certainly, most methodologies adopt theoretical standpoints prior to collection of new data. On the other hand Glaser & Strauss (1967) who were the key proponents of grounded theory, argued this methodology was a way of generating theory suited to its proposed uses. As Shipman (1981) explains, grounded theory avoids the adoption of abstract theory that may be quite removed from the evidence in the actual investigation. Theory, according to Glaser & Strauss, is a process that is continually developing and being reflected upon rather than being a perfected product.

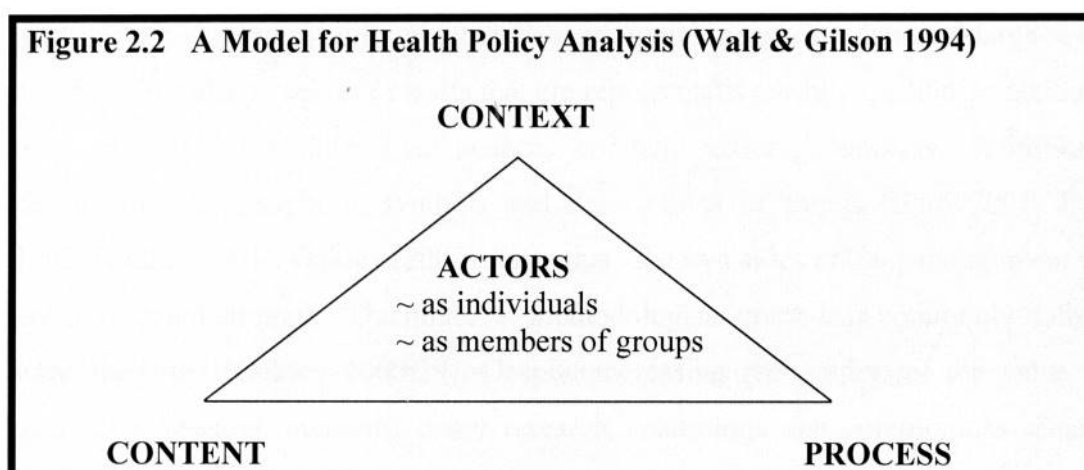
The paucity of existing theory to explain cross-sector policy and practice contributed to the decision to use elements of grounded theory. However, it is impossible to adopt a theoretical 'blank sheet' (Charmaz 2000; Glaser 2002), and this research is influenced and informed by gender, organisational and policy theories and by other broader research discourses. Consequently, this research does not claim to adopt a purist form of grounded theory, rather it is informed by the ideology of grounded theory. Continuous reflection on the data led to emerging themes, which were then developed and utilised to inform the research process and the research findings. So this research combines elements of generated theory with an acknowledgement of the place of previous theories informing this area. The cross-sector continuum presented in Chapters Three and Six was a significant theory grounded within the data but linking to previously known theories and models. The continuum was continually informed by the research data and reflexively informed the research.

Grounded theory has, however, faced criticism (Alvesson & Skoldberg 2000) and there are many pitfalls in trying to ascertain whether theory generated from the research data is of adequate quality, and which are minor distractive, but interesting ideas. Although systematic approaches can be adopted for coding and analysis, this remains a challenging part of the research. However, grounded theory is not alone in facing this challenge and all methodologies face difficulties.

Throughout the hierarchy of research methodology outlined in this chapter so far, there has been an emphasis on multiple meanings, context, reflection and the dynamic and political nature of the areas under study. Along with the abundance of DFID policy documentation of direct relevance to this research, these factors informed the choice to use elements of narrative analysis methodology. In common with cross-sector policy and practice, Riessman (1993) argues that narrative analysis is inherently inter-disciplinary. Lieblich et al (1998) stress the dynamic and interpretive qualities of narrative analysis and outline four main angles of approaching discourse: through content, form, holism and categories. Simply stated, according to Lieblich et al (1998), content refers to the story told within text, whilst form refers to the structure of the text. Holism refers to the whole picture presented

in the narrative, while categories refer to a narrowed subject or element lens through which the narrative is interpreted. Within this research, elements of narrative analysis were used to interpret the transcriptions of interviews and in analysing DFID policy documents.

Walt & Gilson's (1994) policy analysis framework was another framework utilised in the narrative analysis of policy documents. This framework was devised by the authors as a response to concerns that most previous policy analysis had concentrated on policy content but had overlooked other crucial elements. The framework takes the form of a triangle and emphasises policy context, process and actors as well as content (See Figure 2.2). Walt & Gilson argued that "policy is not simply about prescription or description, and nor does it develop in a social vacuum; it is the outcome of complex social, political and economic interactions" (Walt & Gilson 1994:359).



Walt & Gilson's model was used to inform not only the document analysis framework for this research (see Appendix C), but was also influential in ensuring broader policy processes were emphasised throughout this research. Indeed the model also informed the semi-structured interview schedule (see Appendix D), and the themes, sub-themes and categories within data analysis stages (see Appendix E).

Thorough reflexive analysis of policy document narratives exposes patterns of language repetition and recurring themes that are important to DFID. When they are juxtaposed against other interview and meeting data, they are informative about the

similarities and differences between the narrative of cross-sectorality and the reports of actual cross-sectorality.

Both grounded theory and narrative analysis methodologies informed the selection of the most appropriate methods in order to answer the stated research questions.

2.5 Methods

The following section outlines an enduring debate between qualitative and quantitative research methods relevant to most research. This debate is relevant to cross-sector policy and practice and informs the selection of methods set out in section 2.5.2.

2.5.1 The Qualitative-Quantitative Debate

One of the most contentious running debates in the research community focuses on the decision to utilise qualitative and/or quantitative research methods. Quantitative methods are characterised by numbers, counting and measuring data and large-scale coverage in order to achieve results that are representative, while qualitative methods tend to emphasise meanings, nuance, context, texture, concepts, definitions, characteristics, metaphors, symbols and descriptions of things (Berg 2001; Dey 1993; Kanbur 2001). Oakley (2000) states that “the two sides of the paradigm war do not have equal strength. ‘Quantitative’ methodologists much less commonly defend what they do” (Oakley 2000:29). Despite increasing recognition of the value of qualitative research methods, many research institutions and communities remain quantitatively dominated, with the consequent result that some socially excluded voices have been marginalised (Oakley 2000; Parsons 1999; Pope & Mays 1993). McGrath raises concerns that “there is a danger in the current trajectory of research training for doctoral students in Britain that a standard battery of tools will be used regardless of the research area” (McGrath 2002b:11), and as Holloway & Jefferson note,

“research is only a more formalised and systematic way of knowing about people, but in the process it seems to have lost much of the subtlety and complexity that we use, often as a matter of course, in everyday knowing” (Holloway & Jefferson 2000:3).

One of the key concerns of quantitatively biased researchers is the level of rigour and validity in qualitative work. Yet these concerns are rooted within a quantitative understanding and construction of research. Wolcott (1994) argues that qualitative methods do not need to adopt these same levels of validity, and questions whether validity is an appropriate term to be using in qualitative research:

“perhaps someone will find or coin qualitative research’s appropriate equivalent for ‘validity’, we have no esoteric term now. For the present, *understanding* seems to encapsulate the idea as well as any other everyday term” (Wolcott 1994:367 author emphasis).

Discussion has often emphasised the differences rather than the commonalities and complementarities between the two approaches and has led to a distinctly bipolar debate. Many researchers believe that the difference between qualitative and quantitative research methods is artificially large and mostly unhelpful (Clark 1998; White 2002). Indeed, Ravillion (2001) states that the greatest barrier to mixing qualitative and quantitative methods lies in the resistance of researchers to step outside their particular traditional practice boundaries. More recently it has been acknowledged that these different methods are not mutually exclusive, as researchers realise that either or both types of methods may suit their purposes (Crotty 1998). Several researchers have described the need for democratisation of the research process to ensure a more even balance between the qualitative and quantitative. Theoretically, this would lead researchers to view the research questions or hypotheses themselves as a more important guide to suggesting the most appropriate methods to use in particular circumstances (Holloway & Jefferson 2000; Oakley 2000). Christiansen (2001) argues that the qualitative and quantitative choices made by researchers often reflect their own ontological and epistemological biases as much as the subject being researched.

White (2002) claims that research utilising both qualitative and quantitative methods may offer an additional form of triangulation enhancing data reliability, while Dey (1993) describes the two types of methods as mutually dependent. Oakley (2000) concedes that using both types of methods may produce unexpected and conflicting data, but this may still be reliable in the sense that it represents different co-existing

realities. Despite increasing acknowledgement that both sets of methods have a role in research and that they do not have to be opposing forces, the strong bipolar debate ensures that the two terms, and the meanings these terms have acquired over time, remain firmly in use. It is almost impossible to describe methods without reverting to qualitative and quantitative descriptions and the diverse and rich meanings associated with these terms (Oakley 2000).

Social constructionist epistemology underpinning this research, more frequently utilises qualitative methods that acknowledge multiple meanings and that can encompass the complexity of the dynamic nature of knowledge. It is noted, however, that many quantitative methods can contribute valuable data. Seale (2000) suggests that qualitative research methods may be more suited to investigating issues that emerge during the research and were not conceptualised prior to the research design. On the other hand, quantitative methods are often viewed as 'extractive' and do not acknowledge the political nature of power and the research process, removing some opportunities for research to contribute to processes of thinking, reflecting and acting. De Koning & Martin (1996) argue that in situations where communities are involved, extractive approaches deny people the chance to challenge inequalities.

Qualitative research methods are predominantly utilised in this study, as they are more likely to capture the multiple and political meanings of cross-sector policy, practice and processes within verbal and written discourse. Nevertheless, some quantitative elements are present through the prioritisation of barriers and facilitators of cross-sector policy and practice and within the analysis of policy documents, where categories of collaborative terms were quantified (see section 2.5.2 and Appendix C).

Studies adopting qualitative methods face some analytical difficulties with the volume and unstructured nature of data. Therefore a systematic approach to the data is essential. Annett & Rifkin (1995) suggest three phases to analysis: identifying categories, sorting answers and interpreting findings, although in reality, these are not clear-cut phases. Writing-up and representing the research process and findings is

similarly challenging where the emphasis has been on reflexivity and multiple meanings; where research does not follow the linearity implied in many research texts; and where a quantitative milieu persists within many research journals. This is not helped by Shipman's observation that "scientists make their work public in a way that omits false starts, dead ends and changes in direction" (Shipman 1981:8). As Chambers observes "there is no journal of misleading findings" (Chambers 1983:55). These challenges also extend to styles of writing, with Robinson-Pant (2000) commenting,

"...there is a fundamental contradiction between the demands of fieldwork, to be reflexive about the many varied roles and situations participated in, and the demands of writing; to produce a well-argued, cohesive text. The aim of many academic texts has been to make the author invisible, to disguise the methodological tensions and contradictions that in the field are taken as challenges and as part of the research strategy" (Robinson-Pant 2000:27-28).

Many of the practical problems of the complex, real world are increasingly cross-sectoral. Research can respond to this complexity through adoption of more mixed research methods and through an increase in cross-sectoral and cross-disciplinary research. Indeed, Harriss (2002) claims that new research questions, posed by a process of induction, are more likely to need a cross-disciplinary response. Cross-sectoral approaches to research may present greater opportunities for learning between the sectors, for viewing things from different perspectives and for encouraging a greater cross-fertilisation between qualitative and quantitative methods.

Research that is cross-sectoral and that utilises multiple methods, offers opportunities for cross-checking and comparison of findings between different sectoral and situational sources. Indeed, multi-disciplinarity may act as a form of triangulation within research. Sectoral differences may offer a valuable source of critical tension, which if managed well, may lead to a firmer base for cross-sectoral and coherent policy. However, there are challenges in pursuing cross-disciplinary research:

"the problems...stem largely from the social costs for researchers of movement beyond disciplinary boundaries, and apparently incompatible theories and methods. The political economy of academic research, with the power of discipline-based journals, research

associations, peer evaluation and teaching programmes, works forcefully against those with interests in combining disciplines" (Jackson 2002:497).

A few elites often dominate research communities and particular journals within those communities, while the majority of researchers remain on the periphery (Alvesson & Skoldberg 2000; Shipman 1981). Shipman (1981) argues the language of journals, seminars and conferences is often exclusive and not the same as the language of policy. Certainly, one of the key challenges facing this study is, which of the many areas of interest to different researchers, policymakers and practitioners, should be disseminated, and where should they be disseminated to ensure maximum access for interested parties.

In the light of this debate, the specific research methods used in this research and the rationale for their choice are outlined below.

2.5.2 Choice of Research Methods

The research questions focus on cross-sector policy and practice that requires attention to processes and substantive textual data, which is more likely to be achieved through more qualitative methods. The previous hierarchy of methodology, theoretical frameworks and epistemology also favour more qualitative methods that enable reflection, learning, flexibility and understanding of the political nature of the processes under study.

This research used a combination of different methods including literature searches, document analysis, semi-structured tape-recorded interviews incorporating Participatory Learning and Action (PLA) techniques⁹, informal meetings, and critical reflection. These methods combined flexibility and adaptability, whilst enabling cross-checking between different methods and different respondents for consistency of information or 'triangulation' (Annett & Rifkin 1995; Glaser & Strauss 1967).

⁹ PLA is used in literature variously to refer to participatory terms such as Participatory Learning Appraisal and Participatory Learning Approaches. PLA here refers to Participatory Learning and Action (see for example the Institute for Environment and Development Resource Centre for Participatory Learning and Action Online at <http://nt.oneworld.org/iied/>). PLA has evolved from other participatory terms including Rapid Rural Appraisal (RRA) and Participatory Rural Appraisal (PRA). The terms are frequently interchanged in the literature and in practice.

Literature Searches

Literature searches were carried out in the following areas: cross-sector and other collaborative terms; cross-sector policy and policy process; DFID; Nepal; reproductive health and women's education. Searches were also carried out on combinations of the above, for example, 'Nepal and reproductive health', Nepal and Women's Education'. General health and general education literature was not systematically searched as this would have produced an unmanageable mass of literature. However, relevant general health and general education literature referred to within more specific cross-sector, Nepal-focused or reproductive health and women's education literature was examined. Literature searches focused on literature published from 1990 to 2004, but where there were references within this material to relevant literature outside these dates, where possible these were also explored. Literature searches were conducted systematically using several academic social science electronic search engines including the Applied Social Science Index and Abstracts (ASSIA), Bath Information and Data Services (BIDS) and International Bibliography of the Social Sciences (IBSS). Similar subject searches were carried out on several academic library catalogues. These were supplemented through 'nearby items on shelf' searching,¹⁰ through snowballing reference sources from within references, and through another snowballing system where respondents and purposively selected academic colleagues, were asked for their top two or three suggestions for good literature in the research area. Literature searches were concentrated into the first year of research but were continued throughout the period of research study.

Some of the most useful and relevant information for this study was contained within DFID internal operational documentation that was often hard to obtain. Some staff were reluctant to hand over papers and documents which were variously interpreted as confidential or where the status of documents was unclear. As previous researchers at DFID have found, useful information was often contained on DFID's

¹⁰ This term is used to refer to the commonplace practice of locating a relevant book, and then searching to either side along library shelves for other relevant books. I have adopted this term based on the 'nearby items on shelf' terminology used for similar electronic searches available on the Queen Margaret University College (QMUC) library web pages (see <http://unicorn.qmuc.ac.uk/>).

own internal 'intranet' site or within individual emails, which were not accessible to 'outsiders' (McGrath 2002a). This intranet appeared to form an important source of information internally, and many times it was suggested that the information I required might be located within this resource. Where possible I asked DFID staff to provide this information from the intranet. DFID's rationales for placing certain documents on the intranet rather than in the public domain was not always clear and McGrath (2002a) comments that the availability of documents on the DFID public website varies, indicating associated changes in discourse and practice within the department.

Document Analysis

Growth in the availability of 'grey' literature is leading to more of a problem with selecting documents rather than collecting them (McGrath 2002a). Some DFID policy documents were of particular relevance to this study and although these documents formed part of the literature search, they were also identified for further in-depth narrative analysis. These documents were those identified early in the research process as setting out DFID's main objectives, or were identified by respondents as key DFID policy documents generally, or specifically in relation to cross-sector policy and practice or reproductive health and women's education. The documents that formed the basis for the narrative analysis were: the DFID White Papers (DFID 2000a, 1997a); the Public Service Agreement (PSA) and Service Delivery Agreement (DFID 2002j-k); the Target Strategy Papers (DFID 2001b-e, 2000b-f); the DFID Departmental Reports (DFID 2004a, 2003a, 2002a, 2001a); the Institutional Strategy Papers (ISPs) (DFID 2003b, 2002b-c, 2001f-j); and the Programme Partnership Agreements (PPAs) (DFID 2002d-i). The framework used for narrative analysis of these documents is presented in Appendix C. The intention in analysing these documents in this manner was to assess the level of commitment to cross-sector policy and practice and to gather contextual information about these documents that would highlight DFID's policy processes and intentions. In this research, Lieblich et al's (1998) 'holism' and 'categories' angles of analysis were the main narrative analysis techniques used. Asking respondents to identify and discuss key documents also demonstrated the level of knowledge and differing interpretations of these texts. As Crotty notes

“...hermeneutics obviously grounds the meaning of texts in more than their sheerly semantic significance. Account tends to be taken, for example, of features such as the intentions and histories of authors, the relationship between author and interpreter, or the particular relevance of texts for readers” (Crotty 1998:91).

Semi-structured Interviews

Semi-structured one-to-one interviews were chosen as a research method because they are less formal than their fully structured counterparts. A question structure is used, but it is flexible and enables the direction of discussion to be adapted to responses from within the interview. Annett & Rifkin (1995) also argue that questions are usually open-ended and the informal nature of the interview enables an informant to introduce subjects not anticipated by the interviewer. According to Pasteur (2001b), semi-structured interviews are also an effective method of consulting and discussing policy with key informants. The interview method has an element of familiarity to many people, and provides a structure that is useful and reassuring to many time-constrained, busy respondents. The interviews in this study were designed on the basis of one hour of contact time, but with flexibility that enabled this to range from 20 minutes to 150 minutes, in response to the time availability of respondents. No group interviews or focus groups were held other than on one occasion when two members of staff requested a joint interview. The question schedule included sections about DFID internal organisational issues, and for many the anonymity and confidentiality of a one-to-one interview was welcome. This enabled DFID staff and partners not to feel pressured to respond in a peer- or organisationally-influenced manner, as perhaps would be more likely within a focus group setting.

All semi-structured interviews were recorded. This had the potential to affect the responses of interviewees, but in reality recording seemed to have either no effect or a relatively minor effect on the discussion. In one interview, a respondent repeated four times that they wished their responses to remain anonymous as some of the material discussed would be able to be linked to the individual. There was only one other instance where the taping of the interview appeared to make an impact. In this instance, a phone call interrupted the interview and so recording was stopped. Just

before recommencing the recording, the interviewee, made some comments ‘off the record’, but these comments were, in fact, less revealing than many others made within the rest of the recorded interview.

Questions were adapted to suit the time available and the expertise of particular interviewees. As themes began to emerge or as data clarification was needed, the questions asked in interviews evolved and adapted to new knowledge generated throughout the study. Many questions remained the same throughout the data collection period, and all interviews were based around the core question schedule found in Appendix D.

Pole & Lampard (2002) emphasise that a specific interview reveals information about particular people at a particular time and place, from one person’s perspective. They also state that semi-structured interviews do not produce universally shared experiences, and the degree of structure to interview schedules is influenced greatly by the beliefs and theoretical disposition of the researcher. Therefore, this approach hopes to capture the dynamic nature of knowledge, opinions and trends about cross-sector policy and practice at DFID, but it will only ever produce a snapshot in time based on the realities of those particular individuals questioned. Glaser & Strauss, in their seminal work ‘The Discovery of Grounded Theory’ stressed this point:

“as everyone knows, different people in different positions may offer as “the facts” very different information about the same subject, and they vary that information considerably when talking to different people. Furthermore, the information itself may be continually changing...” (Glaser & Strauss 1967:67).

Even within a flexible interview design, there is a danger an interviewee will respond in a manner they believe the interviewer wants them to. Conversely, a version of reality may be given that is so positive, it is unlikely to be completely representative. The challenge is to try to get behind the façade that may be presented by a respondent (Pole & Lampard 2002).

Forward planning enabled multiple interviews to take place during the same visit to a building such as at the DFID London or the DFID Nepal offices. However, where possible, no more than two recorded interviews were carried out in one day in order

to maximise reflection during transcription, and to minimise confusion between respondent data. Occasionally, interviewees did not turn up, booked appointments on public holidays, or had 'double-booked', but in these circumstances, all interviewees were asked for another appointment and all 30 interviews planned were successfully completed.

Participatory Learning and Action (PLA)

Within the semi-structured interviews, a number of questions were based on exercises informed by Participatory Learning and Action (PLA). PLA is associated with local and community-level participation processes that have the potential to be transformatory and empowering through learning and action (Cleaver 2001; Cornwall 1998; Crawley 1998; Hope & Timmel 1984a-c, 1999; Nelson & Wright 1997). There is increasing recognition of the role that participation can play within research, particularly for process studies (Archer & Whitaker 1994; Boothroyd et al 2004; DFID 1995; Reason 1994). Many participative approaches have emerged from the increasing realisation of the shortcomings of top-down approaches (Cooke & Kothari 2001). Participative techniques in themselves do not ensure initiatives are less top-down and more inclusive. Indeed, Robinson-Pant (2000) argues that more important may be the background and attitude of those carrying out the research, planning or training. In this research the participants were based within DFID and its partner organisations at levels where PLA approaches are used infrequently within the research context. Choosing to use PLA methods was one attempt to introduce learning into the research process. Most participatory techniques are used at a local community-level, but Mohan (2001) claims more transformative approaches should also encompass other levels including development organisations, and Mavalankar et al (1996) argue these techniques can be valuable for policy level work. Indeed these methods were applied throughout the different levels of the DFID hierarchy as well as with key partners. Whilst this research does not claim that these approaches were transformatory or empowering for participants, reflection, learning and action were all reported as outcomes by both the researched and researcher.

The use of participatory methods was an attempt to explore whether cross-sectoral processes could be more easily conceptualised and discussed using a variety of visual

methods of data collection. Diagrams offered an alternative way of capturing information about the dynamic and often intangible nature of processes and relationships. The learning, action, reflection, and potentially transformative, empowering aims of PLA are also consistent with political and social change envisaged within critical inquiry and feminist theory, outlined earlier.

The specific PLA methods used in this research were a 'post-it note' prioritising exercise; a diagramming exercise used in conjunction with oral case histories; and a word brainstorming exercise consistent with principles of narrative analysis. These chosen methods combined to encompass the different learning styles of different people (Kolb 1984, 1976). The prioritisation exercise was more likely to appeal to those interested in ordering and levels of importance, the diagramming exercise to those who think and learn most effectively through pictures and mind maps (Buzan 2003), while the word exercise appeals to those more interested in language and narrative. Each of these methods is briefly outlined here.

The Cabinet Office and Centre for Management and Policy Studies (CMPS) documents 'Wiring it Up: Whitehall's Management of Cross-cutting Policies and Services', 'Professional Policymaking for the Twenty First Century', and 'Better Policy-Making' (Bullock et al 2001; Cabinet Office 2000, 1999) identify a number of features that act as facilitators and barriers to joining-up and cross-cutting approaches. Bird & Koirala (2002) and Harrison et al (2003) identify similar facilitating factors for partnership working. In the absence of specific cross-sector facilitators and barriers in the literature, some of these statements were selected as equally relevant to cross-sector policy and practice. During the semi-structured interviews, individuals were presented with two sheets of paper with 'post-it notes' stuck to them. On one sheet, the attached five post-it notes each contained a statement that was a facilitating factor for cross-sector policy and practice (see Figure 2.3). On the other sheet, five different post it notes each contained a statement that was a barrier to cross-sector policy and practice (see Figure 2.4).

Figure 2.3 Facilitating Factors Presented on ‘Post-it Notes’

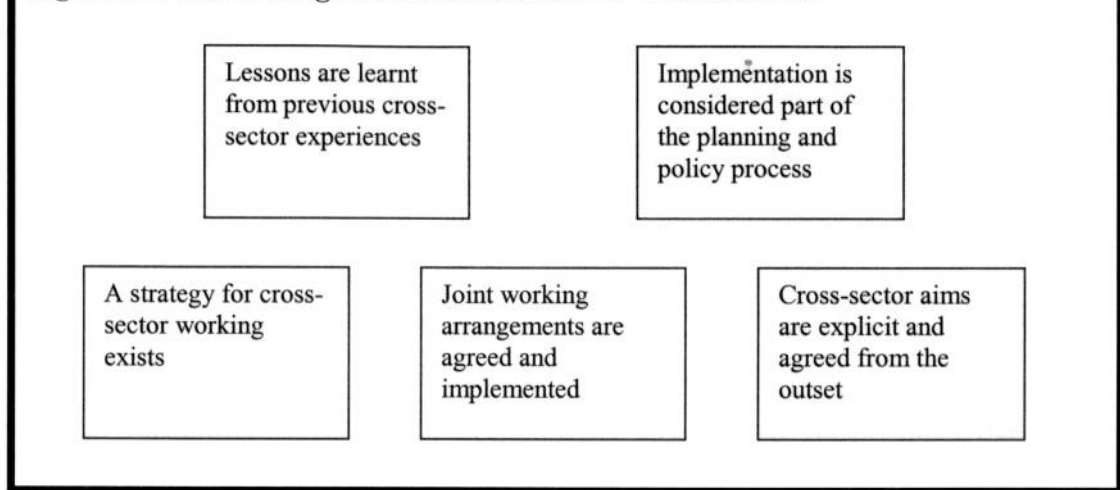
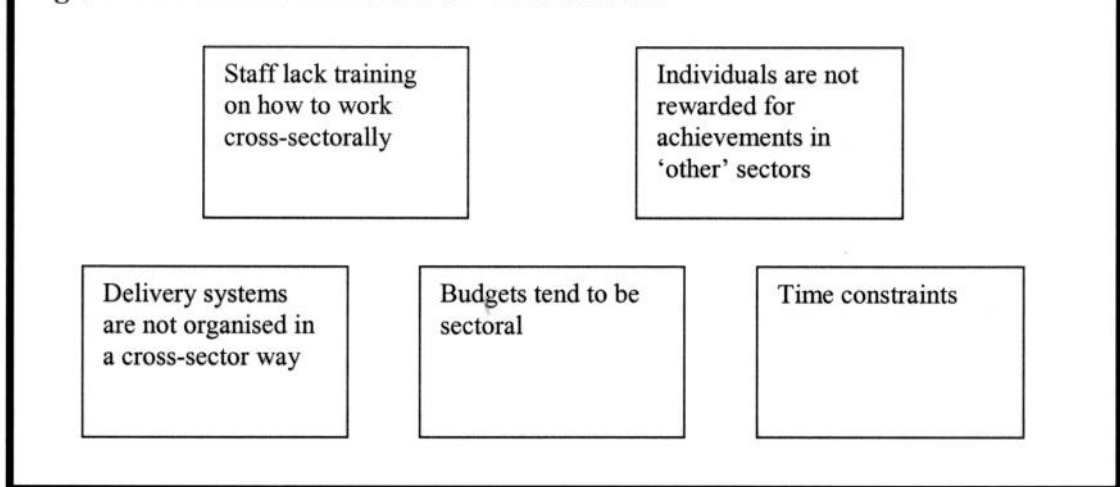


Figure 2.4 Barriers Presented on ‘Post-it Notes’



Each interviewee was presented with new sheets of paper with the statements attached, so the statements could be marked or moved where required. The facilitator and barrier post-it notes were randomly placed in different locations on their respective sheets of paper, so no priority was suggested to respondents.

The sheet of facilitating factors was produced first and interviewees were asked to read each of the statements. This was followed by presentation of the barriers, which interviewees were again asked to read. They were then asked to remove any statements with which they strongly disagreed. These post-it notes were peeled from the paper and put to one side. Participants were then asked to reflect on their experiences of cross-sector policy and practice and to add any facilitators or barriers they thought were missing from the sheets, by writing on spare post-it notes and

sticking them onto the appropriate sheets. Finally they were asked to look at all the statements now in front of them, and to prioritise two facilitating statements and two barriers that in their experience were the most important factors influencing cross-sector policy and practice. The post-it note exercise was completed in all 30 interviews.

The second participatory method utilised was a diagramming exercise. Interviewees were asked to represent visually, an example of 'good' cross-sectoral policy and practice illustrating the relationships and processes involved. Respondents that could not think of an example they deemed good practice, were asked for an example that would offer potential learning about cross-sector approaches. In nine out of 30 interviews, respondents were not asked to produce a diagram due to time constraints. In two instances, interviewees chose not to produce a diagram, whereas one interviewee gave two diagram examples. Overall, interviewees gave 20 diagram examples.

Respondents' began with a blank sheet of paper and diagrams took a number of unpredictable forms, although there were recognisable ways that respondents represented cross-sectoral relationships. Most diagrams used a 'spider' or 'organogram' style diagram where boxes and circles were used to represent departments and organisations while arrows represented connections. Arrows were one of the most commonly used symbols of relationship and connectivity within diagrams, and they varied in size, direction and number of arrowheads. DFID (2001k) recognises the utility of arrows used in the Sustainable Livelihoods (SL) Framework:

"the arrows within the framework are used as shorthand to denote a variety of different types of relationships, all of which are dynamic. None of the arrows imply direct causality, though all imply a certain level of influence" (DFID 2001k: Section 2.1).

Respondents also produced several 'virtual' diagrams with literal representations of people sitting around tables, and one abstract diagram. Participants were given the freedom to use whatever pictorial form they preferred. Although there are numerous PLA pictorial tools such as pie charts, Venn diagrams and spider diagrams that have

the potential to represent cross-sectoral relationships and processes well, respondents were unprompted in finding and generating the most effective visual illustrations to represent their own ideas.

The diagram examples were accompanied by related oral case histories that provided contextual supplementary information. Pasteur (2001b) notes

“oral case histories can be compiled by asking the interviewee to ‘tell a story’ of a particular incident with policy relevance, or of a policy process they were involved in. This can reveal insights into the actors involved, the context, the policy content and the impacts” (Pasteur 2001b:8).

Indeed, these insights highlighted by Pasteur are reminiscent of Walt & Gilson’s (1994) key elements of policy analysis. These case histories and diagram exercises provided a rich source of cross-sector policy and practice data, and have potential to be developed further as a cross-sectoral tool (see Appendix B). Sutherland & Sakala (2002) acknowledge “...visual techniques can be powerful instruments for addressing many development and community health issues” (Sutherland & Sakala 2002:93-94).

The third participatory method employed in this study, was a ‘word brainstorming’ exercise. Interviewees were asked to brainstorm five words to describe the policy environment at DFID. They were asked to write these words on post-it notes and place them on a clean sheet of paper. These were used as the basis for a short discussion of the DFID policy environment in relation to cross-sector policy and practice.

Informal Meetings

In addition to the semi-structured interviews with key individuals representing the different DFID levels, 93 informal meetings were held with DFID staff and partners. These meetings were not recorded and they adopted no set structure. The meetings ranged from ten minutes to two hours in length. These meetings were used to gather background contextual information to aid the direction and reliability of information gathered in the literature, document analysis and semi-structured interviews. Usually two or three specific questions were pre-prepared on the basis of a particular

individual's expertise and in response to themes emerging from reflection on data previously collected. This enabled a testing out of emerging ideas. From initial questions, discussion was encouraged to develop in whatever direction was most interesting or relevant. The flexibility of this method of data collection enabled a broader cross-section of people to inform the research than would have been possible using only one-hour recorded semi-structured interviews. Some important new areas relevant to the research were raised in these meetings and subsequently incorporated into questions in the semi-structured interviews. Informal meetings were perhaps less threatening than recorded interviews to some respondents. Notes were taken during most meetings, or where this was not possible, immediately after the meeting was completed. Unlike the recorded interviews, most meeting notes are not in the words of the respondent, other than in a few cases where specific quotes were noted at the time.

Critical Reflection

The final method employed in this study was critical reflection. Many researchers view critical reflection as a process rather than a method, but in this study these two functions were combined in designing, collecting, refining and clarifying data at all stages of the research process. Reflective practice is a key component of grounded theory and critical inquiry and was an integral part of my approach to making sense of data collected. Reflective practice by respondents was not used as a specific method of data collection, but many interviewees reported reflection and related action as an outcome from the PLA methods used.

Interview and meeting notes were transcribed as soon as possible after data collection in order for information to be as recently recallable as possible. I carried out all transcribing personally in order to become as familiar as possible with the data. The process of transcribing interview tapes and meeting notes enabled a 'reliving' of the data collection experience, and was an important time for reflection. During this process, I made many notes of further questions and points of clarification, from which themes began to emerge. Reflection was also taking place during interviews and meetings, and sometimes the direction of the interview changed for a period of time as emerging ideas and theories 'led' the questioning. All

interviewees were given a transcription of their interview to check for accuracy. Several interviewees commented on their reading of the transcription as an opportunity to think and reflect further about cross-sector policy and practice. On several occasions, interviewees reported enjoying the interview methods and experience or stated that they were particularly interested in the research area. Where it was mutually convenient, further informal meetings were arranged. The following section outlines the settings in which these methods of data collection were carried out.

2.6 Settings

DFID was selected as the focus for this study due to the department's commitment to policy coherence and cross-sectorality, to reproductive health and to women's education. DFID however, presents a challenging environment for study. Although there is a strong central identity linked to the UK government, there are many layers to the organisation. Demands on staff time were high and some publications, DFID's internal 'intranet' site and many meetings were not open to outsiders. Security in the Palace Street building in London required visitors to be escorted within the building at all times. On the other hand, DFID has many public documents that are easily available free of charge, and most staff were genuinely both interested and willing to participate in this research.

In order to answer the research questions, it was crucial to gather evidence at each of the different levels of the organisation representing the way that DFID works. Semi-structured interviews were carried out at the settings outlined below.

UK-based:

- DFID London: Policy Division (Education Department and Health and Population Department)
- Education for Development (Advisors to Community Literacy Project Nepal – CLPN)
- Options (Contracted Manager for Nepal Safer Motherhood Project – NSMP)
- Nuffield Institute (Advisors to District Health Strengthening Project – DHSP)

Nepal-based:

- DFID Nepal (Kathmandu)
- Nepali Government (Kathmandu)
- World Education Nepal (Contracted Manager for CLPN, Kathmandu)
- British Council (Contracted Manager for DHSP, Kathmandu)
- CLPN (Kathmandu and Rupandehi District)
- DHSP (Kathmandu and Rupandehi District)
- NSMP (Kathmandu and Rupandehi District)

DFID Nepal is one of DFID's country offices and data collected in this office does not claim to be representative of all or any other DFID country offices. It does, however, provide evidence of the extent of cross-sector policy and practice within one DFID country office. DFID Nepal funds a number of projects that are managed by contracted management organisations. Therefore, in order to assess cross-sector policy and practice at project and project management-levels, three DFID-funded projects were chosen as research sites along with each of the contracted management organisations responsible for each project.

CLPN was the only 'education sector' DFID-funded project in Nepal at the stage this research was undertaken. CLPN adopts a broad 'community literacies' approach, linking literacy to livelihood needs and conceptualising literacy in relation to health as well as gender needs. The project was managed by World Education Nepal, an International Non-Governmental Organisation (INGO) specialising in education, based in the USA with an office in Kathmandu, and they were also advised by the DFID education advisor.¹¹

NSMP was chosen as one of only two reproductive health projects funded by DFID at the time of this research. The other project not selected for study consisted of DFID funding for contraceptive supplies that are managed by the United Nations

¹¹ When the DFID Nepal education advisor left in 2002, CLPN was advised by the deputy head of office at DFID Nepal.

Fund for Population Activities (UNFPA) (DFID 2000L). DFID also supports Nepal's National HIV Strategy, but this work was not strongly connected to reproductive health initiatives. At project-level, NSMP's work on maternal mortality reduction was the main reproductive health focus of DFID Nepal. This project focused quite specifically on the provision of Emergency Obstetric Care (EOC) and to a slightly lesser extent on related issues of access and social development, including reproductive health education. The project was managed by Options Consultancy, reproductive health specialists based in London, and by the DFID Nepal health advisor.

Finally, DHSP was selected as the third project research site. Another health sector project, DHSP was working to strengthen health systems whilst advocating a broader social development approach. Despite being originally conceived as the same project in early proposals, DHSP and NSMP work as separate projects although there are many connections between them. DHSP is managed by the British Council based in Kathmandu, and advised by the health advisor at DFID Nepal. More information on these projects is presented in Chapter Four.

These three projects have their central offices in Kathmandu, but carry out work in many districts throughout Nepal. In the early stages of gathering information and planning this study, several DFID-funded project staff reported that in Rupandehi District there was good collaboration between these projects and other local stakeholders. There was also a lower level of Maoist activity in Rupandehi District, than in many other districts at the time of data collection. This led to the choice of Rupandehi District as a setting for investigation of DFID-funded project activity and cross-sectoral linkages at district level. This stage of data collection included interviews with project staff, informal meetings with project staff, local government officers and local NGOs, as well as document gathering and observation of project activities including training courses and community development activities.

DFID is moving increasingly towards funding of central government-level initiatives such as SWAp and PRSPs rather than projects. In an attempt to capture the crucial

partnerships between DFID Nepal and the Nepali Government, interviews took place at Ministry and associated department-levels in the Ministry of Education and Sports, and in the Ministry of Health.

Informal meetings were also held at all of the semi-structured interview settings outlined above. However, informal meetings were also carried out at the following settings:

UK-Based

- DFID London: Policy Division (Social Development Department and also staff from new multi-sectoral teams post-restructuring), Human Resources and Intellectual Property Department,
- DFID East Kilbride,
- Academic institutions,
- DFID partners in the UK including Non-Government Organisations (NGOs) and consultants

Nepal-based

- DFID Nepal partners including donors, NGOs, and consultants (Kathmandu & Rupandehi District)
- Nepali Government (Kathmandu & Rupandehi District)

It should be noted here that this study only examined cross-sector policy and practice at these specific DFID and partner locations. There may be different cross-sector policy and practice experiences generally and more specifically between reproductive health and women's education, in other locations. Nevertheless, when asked, no examples were given from other DFID offices other than the diagram example presented in Figure 6.2 from DFID South Africa demonstrating a cross-sectoral approach to HIV programming. Examples of good practice from other DFID locations were either not known or offered by staff.

The majority of interviews took place in a quiet meeting room, although some took place in cafes or other convenient meeting places. A few interviews took place in staff offices where interruptions were common. In these circumstances, interviews often took longer to complete or questions had to be omitted to fit the available time.

2.7 Sample

The sample of interviewees was selected purposively and opportunistically, in an attempt to ensure that the different levels of DFID and their partners in the UK and Nepal were represented. Key staff were identified at an early stage of the research, but other interviewees were identified opportunistically by asking early interviewees and respondents for other relevant and appropriate contacts. In this study, the process of snowballing produced more potential interviewees than necessary, and interviewees were chosen on the basis of most relevance to the subject matter and their availability for interview. In another study based at DFID, Dean (2001) reports that DFID staff may have suggested interviewing colleagues they thought might be the most suitable and willing to be interviewed. Certainly, respondents interviewed in this research were not representative of DFID as a whole but outlined varied accounts of experiences at different levels of DFID or as partners working with DFID.

As noted earlier, two DFID-funded project staff chose to be interviewed at the same time and this explains there being a total of 30 semi-structured interviews with 31 interviewees. A breakdown of the characteristics of interviewees is presented in Table 2.1 below. In addition to this interview sample, 93 informal meetings were also held with a purposive and opportunistic sample of 123 people. A breakdown of the characteristics of respondents in informal meetings is presented in Table 2.2 below. For a complete table of interview and meeting respondent workplaces see Appendix F.

Table 2.1 Characteristics of Interviewees

	Number of staff interviewed	Number of female staff	Number of male staff	Number of Nepali staff	Number of Non-Nepali staff
DFID London staff (DLS)	5	2	3	0	5
UK-based DFID External Development Consultant / Contracted Manager or Advisor (EDC)	5	2	3	0	5
DFID Nepal staff (DNS)	6	2	4	2	4
Nepali Government staff (HMGN)	3	2	1	3	0
Nepal-based DFID External Development Consultant / Contracted Project Manager or Advisor (EDC)	2	0	2	1	1
DFID-funded Project staff (Kathmandu & Rupandehi District) (DFPS)	10 (6&4)	5 (3&2)	5 (3&2)	5 (1&4)	5 (5&0)
TOTAL	31	13	18	11	20

Table 2.2 Characteristics of Respondents in Informal Meetings

	Number of staff respondents	Number of female staff	Number of male staff	Number of Nepali staff	Number of Non-Nepali staff
DFID London staff (DLS)	14	8	6	0	14
DFID East Kilbride staff (DEKS)	1	1	0	0	1
UK-based DFID External Development Consultant / Contracted Manager or Advisor (EDC)	3	3	0	0	3
DFID Partner UK (DPUK)	2	1	1	0	2
DFID Nepal staff (DNS)	22	12	10	4	18
Nepali Government staff (HMGN) (Kathmandu & Rupandehi District)	4 (3&1)	1 (1&0)	3 (2&1)	4 (3&1)	0
Nepal-based DFID External Development Consultant / Contracted Project Manager or Advisor (EDC)	3	1	2	2	1
DFID Partner Nepal (DPN) (Kathmandu & Rupandehi District)	18 (16&2)	16 (16&0)	2 (0&2)	5 (3&2)	13 (13&0)
DFID-funded Project staff (Kathmandu & Rupandehi District) (DFPS)	39 (23&16)	15 (11&4)	24 (13&11)	25 (21&4)	14 (2&12)
Academic Staff in the UK and Nepal (ACAD)	17	8	9	1	16
TOTAL	123	66	57	41	82

The specific focus on reproductive health and women's education in this research did not preclude staff from different disciplinary backgrounds and sectoral locations from contributing to these subject areas and to broader cross-sectoral issues. Indeed, respondents who had worked within more than one sector over the years were often particularly knowledgeable about cross-sectoral processes. Respondents from a wide range of sectors, and those that did not identify with any particular sector took part in interviews and meetings.

2.8 Ethical considerations

In 2002, this research was granted ethical approval from the Queen Margaret University College (QMUC) Ethics Sub-Committee, and agreement to collaborate in this research was received from DFID London and DFID Nepal.

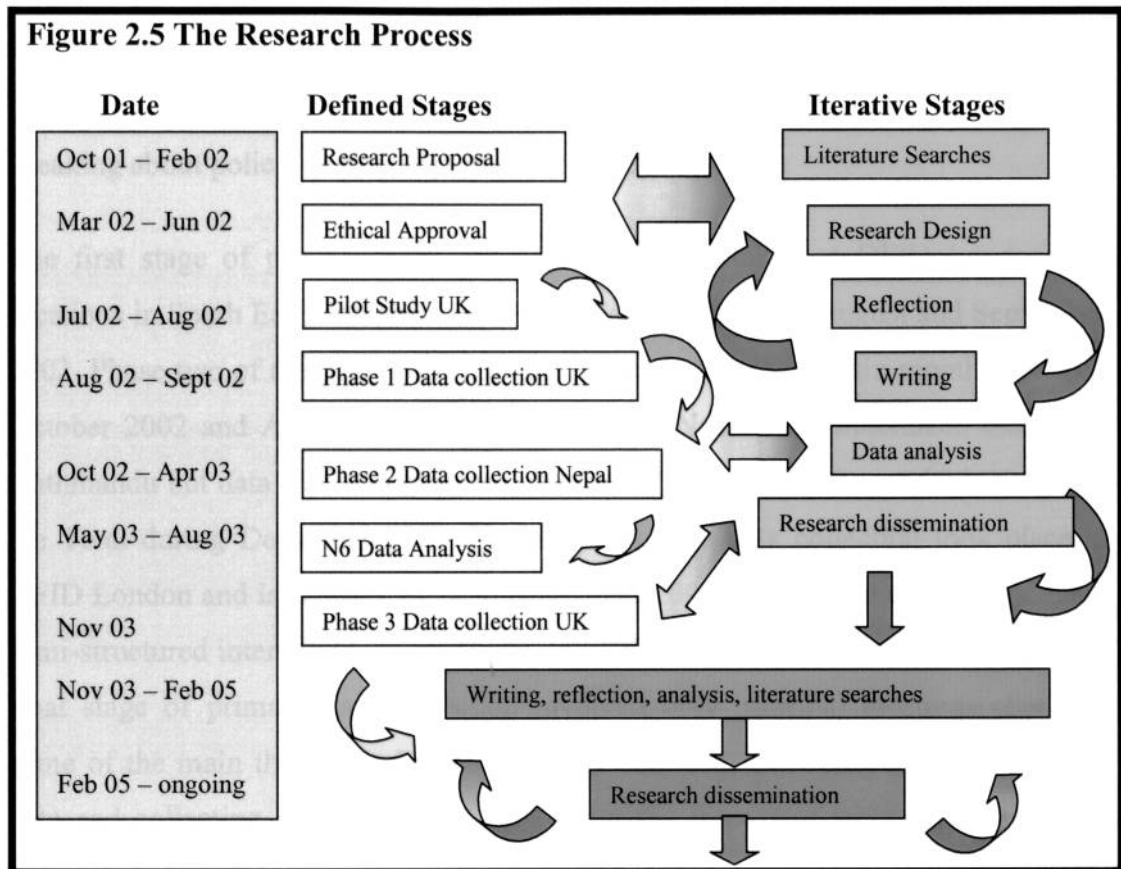
All semi-structured interviews were tape-recorded and transcribed after gaining the formal consent of interviewees. Informal meetings were not taped, but hand-written notes were taken. Transcribed interviews were returned to interviewees to check for accuracy and although a number of individuals emphasised their wish to remain anonymous, no respondents withdrew information or their consent to use information given. No respondents asked for an interview or meeting to be stopped.

Financial inducements were not offered to any participants or persons connected with this research at any time in the research process.

2.9 Research Stages

In the writing of many research textbooks, there is a suggestion that research follows a linear or cyclical process, yet, Berg (2001) claims most research is not linear by nature. For research informed by social constructionism, meaning is constantly changing and a linear research plan appears absurd. This research had several defined stages, such as the separate phases of data collection in the UK and Nepal, but this does not equate to a linear research process. The research process followed an iterative process of praxis, emphasising reflection and further research action based on this reflection. The extent of any further research action was, however, limited by the lack of opportunity to return to research settings in Nepal once I had returned to

the UK in April 2003. Certain stages of the research had timescales and were 'completed' but other stages continued throughout the research process. Time allocations were flexible to adapt to necessary emerging changes. Figure 2.5 presents an outline of the research process, acknowledging the iterative nature of this study.



Early literature searches informed the research proposal submitted to QMUC Research Degrees Committee and to QMUC Ethics Sub-committee in January 2002. The proposed research design was piloted in July 2002 in Edinburgh and London with two DFID London staff, one member of DFID Nepal staff and one DFID external development consultant. This pilot study enabled testing of the semi-structured interview question schedule, for content, length, order of questions, relevance and question validity. All pilot study respondents were aware that this was the pilot stage of the research and were invited to give feedback about the interview process. Reflecting on this feedback, and on the experience of the four interviews, a change was made to the question order in the interview schedule, with some more complex questions being asked later in the interview. Perhaps more importantly, these interviews highlighted a problem in the use of the term cross-sector 'policy'.

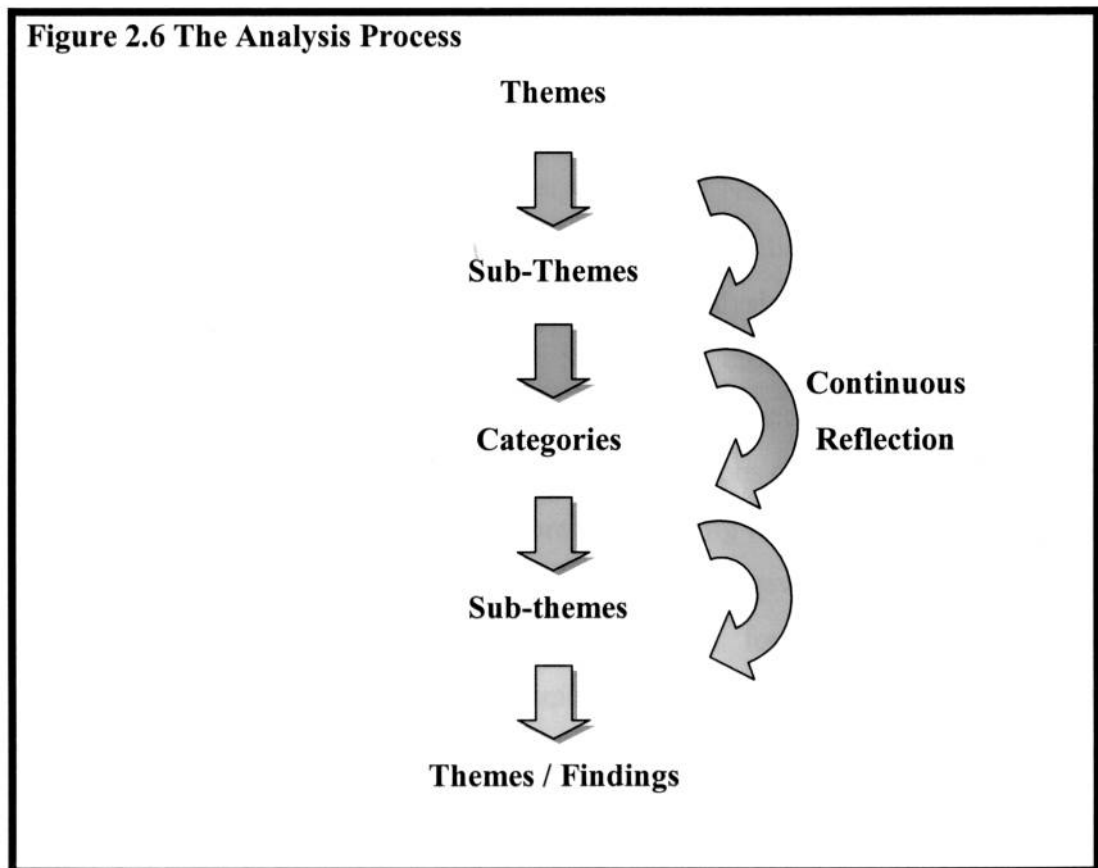
Some respondents believed that they weren't involved in policy sufficiently to comment on cross-sector policy and there were also some difficulties in separating policy from practice. In response to this problem, the study utilises the term cross-sector 'policy and practice' as an attempt to use broader, more inclusive terms and also to connect these two parts of the policy process. Where more general cross-sector connections are implied, 'cross-sectoral approaches', 'cross-sector working' and 'cross-sectorality' were terms frequently used throughout data collection. When speaking about policy specifically, the term policy was used.

The first stage of primary data collection was undertaken at DFID London and locations in South East England over a period of six weeks in August and September 2002. Phase two of the data collection took place in Nepal over six months between October 2002 and April 2003. Data collection in Nepal was undertaken mainly in Kathmandu but data was also gathered over a 10 day period in Rupandehi District in the Terai during December 2002. Phase three of the data collection took place at DFID London and lasted one week in November 2003. Phases one and two included semi-structured interviews and meetings with DFID staff and partners. The third and final stage of primary data collection involved only informal meetings checking some of the main themes and findings of the research, clarifying issues within the data and collecting specific information about the impact of structural changes to Policy Division at DFID London that had taken place since earlier data collection phases (see Chapter Four). All stages involved collection of policy documents and grey literature. Interviews and meeting notes were transcribed and reflected upon throughout all the stages and adaptations were made for subsequent parts of the research process.

Data analysis was an ongoing reflexive process that began during the first pilot study interview transcription and continued until the end of the thesis writing. Reflecting on the data led to the emergence of ideas and themes that then informed new questions for respondents in interviews and meetings. Reflection also informed questions for document analysis and ongoing literature searching as well as for exploring transcriptions repeatedly for these and other new themes.

Codes were assigned subjectively to the research data main themes that recurred in the data, in an attempt to make sense of emerging ideas. These were continually updated and fed into the analysis to gain further understanding of the research (Alvesson & Skoldberg 2000; Dean 2001), and this led to somewhat disordered early themes becoming more ordered sub-themes, which became more detailed categories. Further analysis enabled the categories to inform new sub-themes and more overarching themes that represented the main findings in this research. This complex process of expansion and contraction of the focus and findings within the research is simplified in Figure 2.6. This diagram implies a neat linear process, yet in reality, the challenge was to create clarity from what was often a disordered group of themes, sub-themes and categories. The main research findings gained clarity as the process progressed.

Figure 2.6 The Analysis Process



This analysis process is by definition, a way of turning qualitative replies to open-ended questions into some sort of quantity so that patterns in the data can be detected and analysed (Seale 2000). This quantification is sometimes resisted by 'qualitative researchers', but the overwhelming mass of research data collected cannot be

analysed sufficiently systematically without the use of themes, codes and categories to facilitate understanding of immensely complex and rich data.

The N6¹² qualitative data analysis computer software package was used for coding and facilitating analysis of the collected data. Analysis took place throughout the research process but the most intensive coding and analysis activity took place between May and August 2003. The themes, sub-themes and detailed categories can be seen in Appendix E. The main ‘coding tree’ presented in Appendix E represents the most detailed categories that emerged in this research and reflects the original research questions and emerging themes, but also demonstrates influences from the Walt & Gilson (1994) Framework. In order to differentiate possible differences between different levels of the DFID hierarchy, the coding tree used the concepts of macro, meso and micro levels, which in this analysis referred to the government policy level, DFID Nepal/contracted manager level and project levels respectively. In the early stages it was easy to ‘over-code’ the data, with too many overlapping codes reflecting overlapping ideas. Nevertheless, the use of N6 enabled systematic cross-checking of emerging themes more quickly than would be possible using manual data handling. As the research progressed, further analysis was needed to draw out more detail of the themes emerging. Significant cross-checking of interview transcriptions, notes of meetings and documents were necessary before the main findings were clear. This process highlights the limitations of undertaking large-scale coding exercises where the dynamic nature of emerging trends leads to the need not just for amendments but for significant, if not entirely new, coding schemes. This suggests that the multi-layered analysis necessary for good quality, reliable qualitative data is far more time-consuming and on-going than is often implied (Alvesson & Skoldberg 2000). As Glaser & Strauss (1967) assert

“when generation of theory is the aim...one is constantly alert to emergent perspectives that will change and help develop his theory. These perspectives can easily occur even on the final day of study or when the manuscript is reviewed in page proof: so the published word is not the final one, but only a pause in the never-ending process of generating theory” (Glaser & Strauss 1967:40).

¹² Formerly known as N*DIST.

In Figure 2.5, dissemination of the research is represented both as an iterative stage and also as a distinct stage at the end of the research. Whilst the end stage is often seen as the most important point of dissemination of the research findings, there are many other important dissemination opportunities along the way. Early findings and work in progress were presented at a multi-disciplinary seminar in Kathmandu in March 2003. Attendees included representatives from different donor organisations, NGOs, Ministry staff, DFID project staff and interested individuals, although notably, no DFID office staff attended this seminar.¹³ This seminar provided opportunities for interested parties to learn more about this research, and for constructive feedback to be assimilated into, and to direct, the research where appropriate. One of the most useful results of this seminar was discovering the level of interest in the diagramming methods of data collection and this led to subsequent attempts to maximise reflection on respondents' diagrams and to ensure the diagrams were used as effectively as possible within this thesis. This interest and discussion of the diagramming methods led to reflection on the wider efficacy of participatory methods of data collection and eventually to the development of the cross-sector toolkit (see Appendix B). As MacDonagh (2000) notes, the process of encouraging feedback offers an opportunity for increased learning.

It is intended that the main research findings from this study will be produced in a summary report format that is then available to all the respondents and others interested in this work. It is also intended that findings will be disseminated in several journal articles after completion of this thesis.¹⁴ The research findings in this thesis represent one snapshot of a particular area of study at one particular time. The process of reflection is iterative and should potentially continue *ad infinitum*. It would therefore be expected that any resulting journal articles will contain further reflection beyond the end of thesis completion.

¹³ This seminar was funded by DFID Nepal.

¹⁴ A paper based on the main findings of this research was presented at the 2nd Global Conference on Interculturalism in Vienna in December 2004. See Appendix G for a copy of this paper.

2.10 My Role as Researcher

Within a social constructionist epistemology, the direct influence of the researcher on the research is acknowledged. Shipman (1981) also claims that the researcher and the respondents can mutually influence and learn from one another. Therefore the particular characteristics and identities of the researcher and respondents impact directly on the research outcomes (Jackson 2002). My background predominantly in health promotion and social development, and my particular interest in reproductive health and women's education influenced the direction of this research. Also my characteristics as a white, British, female non-DFID staff member, speaking only very basic Nepali, influenced this research in a number of ways.

I was an 'outsider' to DFID and to Nepal; to the male dominated societies of DFID and Nepal, and to the Nepali-speaking world. This outsider role held both advantages and disadvantages. In Nepal, my 'white' skin made me the focus of much (often unwanted) attention, but also led to the gaining of privileged access to places and people that my position as a student researcher may not have warranted in other settings. Whilst this ensured smoother progress of the research process, I felt some discomfort at being assigned this position 'above my place' (see Mehta 1959 for an account of similar discomfort).

As a female researcher, some informal male Nepali and DFID circles were closed to me. Yet other British and female circles were open to me. My status as British led on the one hand to negative comments from some Nepalis about the British Government's support of the Nepali army, but from others, enthusiasm at the long established association between the UK and Nepal.

It is impossible to know how DFID staff would have treated me if I had been a member of staff. However, being an outsider meant that I did not have access to all available documents and resources, and some staff were initially careful to check the purpose of my research and my professional credentials. On a number of occasions in the UK and Nepal, staff at DFID and within partner organisations thought that DFID was funding the research or I was a member of staff. One respondent thought

that the research had been commissioned by DFID and saw this as a sign that cross-sector policy and practice was rising up DFID's agenda. In all cases where misunderstanding took place, I gave more information to clarify that DFID was neither employing me, nor funding the research. In all cases, this seemed to make little difference to how I was treated or to the flow of discussion. Although it would be impossible to know how being an insider might have changed research outcomes.

My ability to speak only very basic Nepali, and no local Nepali languages meant that I could only access English documents unless literature was translated. Budget constraints mitigated against the use of translators. However, the policy-level nature of this study meant that most key documents were produced in Nepali and English, or just in English. In reality, language was not a major barrier to the collection of required data. When consulted, other researchers in Nepal also deemed use of translators unnecessary for this specific research study. Similarly in interviews and meetings, English was spoken by the key informants due to their work at policy-level. At district-level, however, less English was spoken and at this point I had to make the difficult decision to be selective of interviewees on the basis of their English language skills. This may have led to some Nepalis who have good English language being interviewed more frequently than their non-English speaking counterparts. Certainly, it is important not to see these voices as representative any more than other respondents, but to see them as yet another reality among the multiple realities.

Although my demographic characteristics can't be changed, the choices I made at all levels in the research had an impact on the study. My choice of research topic had the greatest influence but also my role in interpreting and reflecting on the research process has led this study in particular directions. For example, my adoption of gender theory and participatory and reflective methods throughout the research led to more concentrated focus and analysis of gender issues and of the potential for learning, political engagement and change.

Every part of the research process is open to researcher influence, for example, a carefully constructed written account is still open to individual interpretation. Indeed the 'strain for consistency' in academic writing and research reports is sometimes seen as a barrier to acknowledging any contradictions and working with them (Wolcott 1994). In addition, Crotty (1998) argues there can be a difference between the intention of the author and the experience of the reader. This is a risk even for the most consistent of academic writing.

Before examining the research findings resulting from this research methodology, the following three chapters explore cross-sector policy and practice, DFID, and reproductive health and women's education research.

Chapter Three: Cross-sector Policy and Practice

This chapter presents rationales to explain the growing calls for cross-sector policy and practice. Within research literature, collaborative terms are often used interchangeably. Here, these terms are presented, clarified and contrasted with concepts of cross-sectorality. Cross-sectoral approaches are then explored in the context of processes being viewed as a means to as an end or an end in themselves. This is followed by an exploration of the different possible levels and forms of cross-sector policy and practice and presentation of a cross-sector continuum model. Building on the introduction to diagramming methods within Chapter Two, other diagrammatic representations of collaboration are presented in this chapter in relation to cross-sector linkages. The chapter concludes that the absence of agreed definitions of cross-sector policy and practice contributes to assumptions about their efficacy, leading to a concentration on cross-sector processes as means to other ends with few strategies for operationalisation. Diagrams within existing literature and the diagram methods used in this research are suggested as possible tools for clarifying definitions, rationales and raising awareness of processes as both means to ends and as ends in themselves.

3.1 Rationales for Cross-sector Policy and Practice

Most of the development literature that discusses cross-sectorality assumes that cross-sectoral approaches are beneficial (Carney 1998a; Carney et al 1999; Chambers 1997; DFID 2001d-e, 2000b; HMGN 1999; Moser 1993). Yet, there are no available impact studies in which there is evidence of the specific benefits of cross-sector policy and practice and most people are still finding out the best ways of collaborating through a process of trial and error (Bullock et al 2001; Cabinet Office 1999). Carney argues

“...there are significant costs associated with cross-sectoral work. It must be ensured that the benefits exceed the costs and that undue emphasis is not placed on structures for co-ordination rather than the substance of and underlying rationale for working together” (Carney 1998a:20).

The UK Department of Health also state

“our proposals aim to encourage innovative cross-sectoral working...But these proposals must also improve the actual services users and carers receive; ensure wasteful duplication and gaps in services are avoided; ensure public funds are used more efficiently and effectively” (DOH 1998:7).

Benefits that are outlined in the literature tend to be those for more generic collaborative working. However, these studies contain some useful lessons for cross-sector policy and practice. The benefits of collaboration include: facilitating staff sharing of ideas; exploiting economies of scale; providing a framework for negotiating potential areas of conflict; ensuring effective use of scarce resources; and improving service delivery (Cabinet Office 2000; Mkandawire 2000). In relation to partnerships, there are claims that benefits include: greater sustainability; cost effectiveness; focusing of energies around a common problem; sharing of resources; developing better understanding of the work of others; and sharing expertise and risks (Bird & Koirala 2002; Harrison et al 2003).

However, the Cabinet Office (2000) in relation to cross-cutting initiatives recognises that there may be costs to using these approaches including less clear lines of accountability, increased difficulty of measuring impact, and increased demand on staff time to facilitate the cross-cutting process. They found that too many cross-cutting issues and initiatives cause confusion, and objectives become too generic leading to a loss of focus and impact. These concerns mirror those within the discipline of geography, where the cross-sectoral nature of work is strongly supported but there are many concerns about the risks of losing geography’s ‘intellectual core’ (Conacher et al 2002). In relationship to partnerships, Harrison et al (2003) highlight the disadvantages of partnership in terms of: high demands on time and energy; the perception that there is partnership when in reality competition and defensiveness continue; the emphasis on consensus can lead to the avoidance of difficult decisions; and the largest partner can dominate.

On the basis of the benefits and costs of collaborative approaches, the Cabinet Office (2000) argues for restricting cross-cutting objectives to priority areas. Yet, the

perceived benefits and drawbacks of cross-sectoral approaches are often not articulated within the documents calling for cross-sector policy and practice.

The following section outlines the three main rationales for cross-sector policy and practice from the literature: improved policy coherence; improved relevance of development interventions for people's livelihoods and women's multiple roles; and greater synergy and creativity from sectors working together.

3.1.1 Policy Coherence

Some of the calls for cross-sectorality, including those related to the MDGs, are rationalised by the need to achieve policy coherence (Bullock et al 2001; DFID 2000b; Fukasaku 1999; National Audit Office 2001; ODI 2000). Diminishing global resources, increasing globalisation and concerns that governments and their departments communicate consistent messages, have created strong support for policy coherence at central government-levels (DFID 2000a, 2000c; Forster & Stokke 1999b).

Both increased calls for policy coherence and cross-sector approaches are partly motivated by negative experiences resulting from incoherent sectoral policies (Cabinet Office 2000; Werner & Sanders 1997). The danger of failing to understand the complexity of cross-sectoral influences on development is starkly illustrated by Henderson (1994) who cites the US Government's perceived lack of connection between disarmament and development at the 1998 UN Conference on Disarmament and Development:

“denial of such obvious linkages is not merely a strategic stance governments use, but it is part of a much deeper mindset that predominates in governments, business, the media, academic and most modern institutions, which allows and even encourages fragmented perspectives that prevent us from remembering that the world we inhabit is whole” (Henderson 1994:75).

Another example comes from the UK Government, which faced public criticism in 2001 for incoherent policies between the Ministry of Defence (MOD) and DFID over the controversial sale of an air defence system to Tanzania (Hencke & Elliot 2001). The UK Government had previously been negotiating and supporting the Tanzanian

Government to prioritise health and education spending over military spending. This example demonstrated great differences of opinion about priority given to Tanzanian debt relief, health and education priorities on the one hand, and to retaining British jobs in the arms industry on the other. The differences of opinion were not only between individual Cabinet Ministers, but also between DFID, the MOD and other government departments. Similar inconsistencies between the MOD and DFID Nepal have been noted in Chapter One.

This concern for policy coherence helps to explain the current emphasis on central government-level co-ordinated systems of development such as Sector Wide Approaches (SWAs) and production of Poverty Reduction Strategy Papers (PRSPs). The PRSP agenda, requiring a cross-sectoral approach, is also supported by a desire for policy coherence. However, it becomes increasingly challenging to ensure policy coherence through cross-sector approaches, where there is a large group of stakeholders needing to reach agreement, and this may lead to the need for greater compromise (Forster & Stokke 1999b). Indeed, some of the criticisms about policy coherence and cross-sectoral approaches include concerns that compromise leads to policies lacking substance because they are diluted simply to gain agreement. The World Bank (2001a) observed

“...‘soft’ consensus that ignored areas of disagreement was not very useful. ‘Operational’ consensus on the other hand forced the affected parties to address the difficult issues head-on and achieve a workable solution” (World Bank 2001a:14).

The ODI (2000) claims that the strong pursuit of policy coherence risks ignoring legitimate conflicts that exist between different departments. Mkandawire adds that “...incoherence is inherent to democratic politics where compromise underlies decisions” (Mkandawire 2001:18). Within international development, Robinson (1999) raises concerns that coherence among donors can be threatening to recipient governments leaving them little option other than to join the ‘coherent wisdom’. This is reminiscent of Janis’s (1972) concept of ‘groupthink’ where strong group cohesion can lead to poor decision making, rather than acknowledging the importance of conflict and compromise as normal parts of policy negotiation and Mkandawire’s democratic politics.

Despite these concerns, Chakrabarti et al (2002) argue that the UK Government has, demonstrated some effective working across departmental boundaries including for example, The Department for Trade and Industry (DTI) and DFID on trade, and The Treasury and DFID on the Heavily Indebted Poor Countries (HIPC) and debt agenda. Policy coherence is clearly prioritised by the UK government and international development community and in this context calls for cross-sector policy and practice are rationalised as part of the means to achieving policy coherence ends.

3.1.2 People Focus: Gender and Sustainable Livelihoods

Another key rationale calling for cross-sectoral approaches is based on people having cross-sectoral lives. One area of strong support for this rationale is found within gender literature. Moser (1993) identified that women have multiple roles within their lives: productive, reproductive and community management roles. Moser argues that sectoral planning and service delivery systems do not respond to the inter-dependence and overlapping nature of these roles:

“the fact that the burden of simultaneously balancing these roles severely constrains women is ignored. Hence traditional sectoral based planning is often unhelpful for women. Planning which focuses, for example, on provision of transport or services provided by any sector on its own, does not consider links with other sectors. Thus it does not realise the constraints influencing women’s use of goods and services provided by planning initiatives” (Moser 1993:95).

Acharya also argues that “...it is rather dangerous to compartmentalise women’s problems into sectoral issues and to view them in isolation” (Acharya 2001:19). On this basis authors argue that more cross-sectoral approaches are needed (Kabeer 1994; Moser 1993) and “this will ensure that goods and services provided can be utilised by women to balance their tasks better within the existing gender divisions of labour” (Moser 1993:95).

Another people-focused rationale for cross-sectoral approaches comes from the Sustainable Livelihoods (SL) literature. SL approaches recognise the complex non-sectoral nature of people’s livelihoods and their experiences of poverty. SL authors argue for approaches that better respond to the cross-sectorality of people’s lives

(Carney 1998a; Carney et al 1999; DFID 2001k; Gilling et al 2001). DFID argues "...SL analysis asks a broader range of questions about poverty and its causes. It is not bounded by sectors or existing notions of what is important" (DFID 2001k: Section 4.1).

Sectors are a form of compartmentalisation that allow our brains to cope better with the enormity and complexity of information to be processed, and sectors provide development interventions with clear lines of service delivery and accountability (Cabinet Office 2000). In the same way that planners compartmentalise in an attempt to simplify their task, individuals may attempt to box areas of their lives in order to deal with complexity and contradictory livelihood roles.¹⁵

Many authors are convinced that sectoral approaches are not responsive to people's cross-sectoral lives (Akroyd & Duncan 1998; Carney 1998a; Chambers 1997; Moser 1993). Robinson & Manandhar (2001) argue that "...poor people do not live in sectors" and poverty, the MDGs, SL approaches and gender do not fit neatly into traditional sectors such as health or education. Cleaver (2001) claims there is a need to ensure greater understanding of the non-project, non-sectoral nature of people's lives, the livelihood interlinkages that lead to impact in one area being felt in another, and the potentially unintended consequences of interventions. Cross-sectoral and participatory approaches attempt to engage people in a more qualitative way, and offer processes with the potential to enable the extreme poor, marginalised and socially excluded access to services and goods benefiting their livelihoods (Chambers 1997; Upadhyaya et al 2002). Participatory approaches have also highlighted that communities tend not to define issues as sectorally as development agencies (Morgan 2001), perhaps suggesting that the outlook of ordinary people may be more cross-sectoral than that of organisations.

¹⁵ Milner (1994) in his study of Indian culture describes a concept of 'encapsulation': a restricting of contradictory elements of ideology or role expectations by limiting spheres of action or learning to accept contradiction.

3.1.3 Synergy and the Sum of the Parts

The third rationale for cross-sector policy and practice within the literature argues that there are synergy gains from cross-sectoral approaches. DFID recognises that "...the scale of progress required to meet the International Development Targets can only be achieved through an international effort which is more than the sum of its parts" (DFID 2000b:35). Harrison et al (2003) also note in relation to partnership "...people can achieve more by working together than they can by struggling alone" (Harrison et al 2003:113).

Several authors believe valuable synergy and mutual gains come from close relationships between different sectors and actors, and from achieving policy coherence (Caldwell 1986; Cabinet Office 2000; DFID 2000b; Fukasaku 1999; Googins & Rochlin 2000; Harrison et al 2003; Mkandawire 2001; OECD 2003). However, synergy may be highly dependent on a number of factors including the level of engagement and investment from actors, the degree of reciprocity between actors, the degree of complementarity and agreement of goals and the level of ownership among development beneficiaries.

In response, Kanbur argues in relation to cross-disciplinarity that demonstrating synergy "...is best achieved through concrete exercises which demonstrate exactly how 'two disciplines are better than one' when analysing specific policy issues in development" (Kanbur 2002:477). This poses a challenge:

"...the difficult part is how to bring to bear effectively the insights of different disciplines, deriving from distinct methodologies, on specific and concrete policy issues in ways that produce synergy rather than conflict and confusion" (Clift 2002:475).

3.2 Concepts of Collaboration

Many terms are used to express collaboration between organisations, governments, departments, sectors, programmes, projects and individuals. However, the interconnections and overlap between collaborative terms including cross-sector leads to a great deal of interchangeable use and confusion within the literature (Dean 2001; DFID 2002b-c, 2001k; Holden 2003; Kanbur 2002; King & McGrath 2004; ODI 2001). Collins (2001) argues that in order to examine collaborative relationships

further, the meanings of terms must be explicitly expressed. Therefore, some of the most frequently used terms and their definitions are presented below and are then contrasted and discussed with specific cross-sector definitions.

3.2.1 Collaboration

Collaboration is defined as "...work with another or others on a joint project" (Makins 1992:312). This definition clarifies that collaboration refers to work with one or more other people or groups. Collaboration is often used, as it is in this research, as a broad term to describe people working together (DFID 2001b-e, 2000b-f; Lubben et al 2002) and to encompass other connecting terms including cross-sector.

3.2.2 Co-ordination

A definition of co-ordination is "to organise or integrate (diverse elements) in a harmonious operation" and "to work together especially harmoniously" (Makins 1992:352). Interestingly, this definition refers to integrating diverse elements, while working definitions of co-ordination usually emphasise more of an overview and the organisation of working relationships between different actors and agencies (DFID 2004a, 2003a, 2002a, 2000e). Dessler (1986) defines co-ordination as

"the process of achieving unity of action among interdependent activities...essential wherever two or more interdependent individuals, groups or departments seek to achieve a common goal" (Dessler 1986:148).

Cross-sectoral approaches may require an individual, sector or organisation to adopt an overall co-ordinating role.

3.2.3 Integration

Integration is defined as "to make or be made into a whole; incorporate or be incorporated...to amalgamate...the act of combining or adding parts to make a unified whole" (Makins 1992:802). In practice, integration usually refers to services that are combined rather than temporarily joined, and which share "agreement of interpretations, strategies and methods" (Roth 1994:390), such as integration of Mother and Child Health services (MCH), Family Planning, HIV and Sexually

Transmitted Infection (STI) treatment services (BRAC & ICDDRDB 1999; Mayhew 2000, 1996).

3.2.4 Joined-up

Definitions of 'join' include "to come or bring together; connect...to become associated or allied...to become part of...to unite" (Makins 1992:834). Joined-up is a broad term usually used to refer to connections made between individuals or groups, departments or organisations. One author claims that "joined-up literally could mean whatever you want it to mean" (Barekat 2002:238). Bullock et al (2001) claim

"the following points demonstrate a joined-up approach to policymaking: Cross-cutting objectives clearly defined at the outset; Joint working arrangements with other departments clearly defined and well understood; Barriers to effective joined up [working] clearly identified with a strategy to overcome them; Implementation considered part of the policymaking process" (Bullock et al 2001:14).¹⁶

Frequent calls for joined-up policy and practice can be found in many UK Government publications, and 'joined-up services' and 'joined-up government' have been key phrases of the New Labour UK Government (Bullock et al 2001; Cabinet Office 1999; Clark 2002; DFID 2001a, 2000a; Harvey et al 2002).

3.2.5 Coherence

In common with many collaborative terms, "policy coherence is not yet an established concept in the literature" (Forster & Stokke 1999b:19). However, a dictionary definition defines coherence as "logical or natural connection or consistency...tendency to unite..." (Makins 1992:315). In the literature, coherence usually refers to a demonstrated consistency and agreement between for example policies and plans (DFID 2000a, 2000d; Hyden 1999; Mkandawire 2001). Coherence implies that policy intent within or across sectors and organisations do not conflict.

Forster & Stokke (1999a) outline four key types of coherence in development: 1) within the development co-operation policy of a donor government, for example within DFID, sometimes called internal coherence; 2) the coherence of the

¹⁶ These features form the basis of some of the facilitating factors in the post-it note exercise outlined in Chapter Two.

multiplicity of policies towards other countries, for example coherence between DFID, MOD and Foreign and Commonwealth Office (FCO); 3) the coherence of all policies concerning developing countries, for example coherence between the development policies of DFID, and its equivalent organisations, for example, in the United States (USAID) and Sweden (SIDA); and 4) donor-recipient policy coherence, for example between DFID and the Nepali government. Cross-sectoral approaches may be most likely to contribute to enhancing the first and second forms of coherence outlined here due to their reliance on sectoral and disciplinary roles. Equally, coherence is likely to facilitate cross-sectoral approaches through mutual requirements for joint dialogue and working.

3.2.6 Partnership

Partnership is another term that has been interchangeably used with other collaborative terms and that also lacks clarity (Dean 2001; Harrison et al 2003). Partnership describes a working relationship between two or more actors. This may be a formal or informal arrangement, but partnership implies a degree of equality in a relationship (Bird & Koirala 2002; Dean 2001).

Many other features of partnerships overlap with other collaborative terms including cross-sectoral approaches, such as the following features identified by Bird & Koirala:

“...‘shared understanding’, ‘shared vision’, ‘shared learning’...‘collaborative working with different agencies’, ‘consultation in terms of need’, ‘long-term bond’, ‘co-working right from planning to evaluation’...‘shared pains and gains’, joint decision-making’, ‘sharing of expertise and financial resources’” (Bird & Koirala 2002:11).

‘Partnerships’ form a substantial part of current international development and UK government discourse (DFID 2003a-b, 2002a-i, 2001a-j, 2000a-j, 1999a-c, 1997a; DOH 1998; Harrison et al 2003; Ling 2000).

3.2.7 Inter-sector/Multi-sector/Trans-sector

‘Inter-sector’ is one of the terms used that most closely resembles cross-sector, and indeed it is often difficult to separate the two terms (Ashley & Carney 1999; DFID 2000c; HMG 1999). Where intra-sectoral implies internal sectoral relationships,

inter-sectoral on the other hand, implies relations between sectors with 'inter-' defined as 'between or among' (Makins 1992:804).

Also widely used is 'multi-sector' (Das 2002; DFID 2002L; 2001a; Fustukian et al 2003; Gonzales et al 1999). Multi-sector involves two or more sectors, often with a shared goal but the sectors may work separately without necessarily sharing values, making connections or crossing over. The level of collaboration and understanding between sectors may therefore be limited.

Occasionally the term trans-sector was used in a similar way to the meaning inferred by cross-sector (King & McGrath 2000b). Indeed, the dictionary definition of 'trans-' is "across...crossing, on the other side" (Makins 1992:1633), therefore overlapping with definitions of cross-sector and concepts of working 'across the sectors'.

3.2.8 Mainstreaming

Smyth (1999) defines mainstreaming in relation to gender as

"...making gender concerns the responsibility of all in an organisation, and ensuring that they are integrated into all structures and all work. (This is seen as an alternative to making gender concerns the sole responsibility of a smaller specialist team or unit)" (Smyth 1999:10).

Indeed gender and HIV are two of the subjects most commonly associated with mainstreaming (Holden 2003; Pradhan et al 2002). Criticisms of mainstreaming suggest that over time many focal areas will demand this approach, leading to an unmanageable mass of issues to be included in everything (CIHS 2002). However, successful mainstreaming may also stimulate a supportive environment for future cross-sector policy and practice.

3.2.9 Cross-cutting

Cross-cutting is defined as "to cut across" (Makins 1992:379), and is often used in a similar way to mainstreaming although mainstreaming implies a more formal procedure for ensuring issues are assimilated into all areas of work. Cross-cutting refers most frequently to issues seen to be relevant to all parts of an organisation's work and which often have no particular sectoral 'home'. The Cabinet Office (2000)

offers a broader definition: “a cross cutting approach refers to any policy or service where there is or should be joint working between government departments and agencies” (Cabinet Office 2000:15).

3.2.10 Cross-disciplinary

Terms using the prefix ‘cross-’ tend to share common ground with ‘cross-sector’ as the prefix implies crossing over, reciprocity and engagement between the following suffix, for example, cross-disciplinary, cross-departmental, cross-government or cross-project. In their work on cross-disciplinarity, both Harriss (2002) and Kanbur (2002) use the prefix ‘inter-’ in a similar way to definitions of the prefix ‘cross-’: Kanbur defines inter-disciplinary as

“...a deep integration right from the beginning...right through the analysis all the way to the policy recommendation...an inextricable inter-weaving of the different disciplinary methods” (Kanbur 2002:483).

Conversely Kanbur’s use of the prefix ‘cross-’ is broader: “...a generic term to mean any analysis of policy recommendation that is based substantively on the analysis and methods of more than one discipline” (Kanbur 2002:483). Finally, there is agreement over the use of the prefix ‘multi-’, Kanbur stating that

“...each discipline...in its own terms and using its own methods...then...use the results from each discipline to develop overall analytical synthesis, and policy conclusions...multi-disciplinary, suggesting a number of different disciplines operating side by side but without substantial interaction...” (Kanbur 2002:483).

A discipline is defined as “a branch of learning or instruction” (Makins 1992:448), and sectors may be made up of many disciplines. Some sectors have been traditionally dominated by one discipline, such as medicine in the case of the health sector or teachers in the education sector. The strong overlap between disciplines and sectors suggests that cross-disciplinary approaches offer lessons for cross-sector approaches. In bringing together different disciplines, inevitably, there is potential for conflict around aims and ways of working, creating challenges for managing cross-disciplinary working effectively. Some people welcome potential conflict as a way of airing disagreements and coming to a deeper understanding of others’ positions, and conflict can also be a key catalyst in changing patterns of working and behaving (Jackson 2002). On the other hand, “too often one is confronted with

unproductive rivalry between disciplines (or often between different schools within them) which serves no higher purpose at all” (Clift 2002:475).

Negotiating shared aims and working practices and achieving shared ideology and agreement can be challenging where people come from different disciplinary backgrounds informed by different epistemologies. Certain disciplines tend to dominate whenever disciplines work together (Kanbur 2002). Cross-disciplinarity does not necessarily seek disciplinary equality, but extreme dominance of particular voices may effectively exclude other peripheral or weaker disciplines from contributing towards shared objectives.

A common problem for cross-disciplinary and cross-sector terminology is that it may exclude those who are not located in disciplines or sectors, for example, administrators at DFID. As McKendry & Anning note “we should see all cadres (including administrators) as cross-cutting since they can offer varying levels of contributions of their knowledge and expertise to delivering the outcome” (McKendry & Anning 2002:15). The same level of engagement and interchange implied by the terms cross-sector and cross-disciplinary may be taking place between non-sectoral staff, projects, programmes, organisations or departments. This is perhaps one reason why the UK government with its high proportion of administrative civil servants has predominantly emphasised broader collaborative terms. This use of broader terminology may however have implications for policy implementation where there are no clear definitions or specific operational strategies outlined including clear roles and responsibilities.

3.3 Cross-sector

This research focuses more specifically on cross-sector policy and practice and therefore, this section explores the concept of cross-sector in more detail. In common with some other collaborative terms, no definitions for cross-sector were found in the development literature and ‘cross-sector’ is not specifically defined in the dictionary. However, there are definitions for the two separate sections of the term. ‘Cross’ is defined as “to move or go across something; traverse or intersect” and as “involving

interchange...reciprocal" (Makins 1992:379). This is consistent with Googins & Rochlin's (2000) belief that cross-sector partnerships are 'reciprocal' and DFID's emphasis on the need for 'mutual reciprocity' when working together (DFID 2001k). 'Cross' is also viewed as "indicating action from one individual group...to another", "implying movement...across something" (Makins 1992:379). Sector refers to "a part or subdivision, especially of a society or an economy" (Makins 1992:1400). In the context of this research and development in general, sectors usually refer to the divisions of development organisations and government ministries such as health and education.

In the absence of a specific definition, the definition of 'cross' is used to contribute to a working definition of cross-sector for this research:

'a dynamic process, where two or more divisions or groups reciprocally share and exchange ideas and/or actions'.

For cross-sectoral policy and practice, this definition would then apply to all stages of the policy process including implementation and practice. However, no specific level of engagement between the sectors is implied within this definition. This working definition of cross-sector does not imply there is an equality of relationships as in partnerships; it does not suggest the overall oversight of co-ordination, and while it may use a subject area such as HIV as a focus to catalyse engagement around which cross-sector policy and practice can take place, it does not imply the involvement of all sectors as in mainstreaming. Yet cross-sector implies more engagement and reciprocity between the sectors than definitions of inter- or multi-sector.

One of the key lessons and challenges from cross-disciplinary work is to ensure that no one sector dominates. One sector may lead if this has been negotiated and agreed with other sectors but dominance may need to be monitored. As Carney et al (1999) acknowledge in relation to SL approaches "it is important to build on strengths and not necessary to abandon a sectoral anchor..." (Carney et al 1999:10). Cross-sector policy and practice challenges the assumption that subjects 'belong' to particular

sectors. Cross-sectorality also requires sectoral expertise but expertise that is not enclosed by sectors (DFID 2001k). Cross-sectoral experiences where a particular sector dominates proceedings and sidelines others, may lead to a reduced willingness to engage in future cross-sectoral or collaborative ventures.

Combining the discussion above with the rationales outlined earlier, raises the question of whether cross-sector policy and practice is viewed as a means to an end or an end in itself.

3.3.1 Cross-sector Policy and Practice as Means or Ends

The question of whether cross-sectoral approaches are seen as a means to an end or as an end in themselves was a key theme that emerged from within the research data. Within the literature, the rationales for cross-sector policy and practice highlighted policy coherence; the cross-sectoral nature of gender and livelihoods; and the potential for increased synergy outcomes. These rationales support cross-sectoral approaches as a means to achieving other ends rather than cross-sector processes being viewed as inherently beneficial in themselves. Yet, processes impact directly on outcomes and can be important outcomes in themselves (Kabeer & Subrahmanian 1999; Laverack 2004; Mosse 1998a).

Processes have had substantial impacts on education outcomes (Burchfield et al 2002; Freire 1993; Smith 1994) and on reproductive health outcomes (Blake 1998; Correa & Reichmann 1994; Hartmann 1995; Kabeer 1994). However, in both gender and participatory discourse there are concerns that the potential for empowerment gains from processes are being lost through increasingly technical approaches being adopted by development agencies (Guijt & Shah 1998; Mosse 2001). Indeed several authors emphasise the importance of viewing empowerment resulting from participatory processes as a development outcome in itself (Oakley & Marsden 1990; ODI 2001). Kabeer & Subrahmanian's definition of policy as the "...relationship between desired end (s) and the range of means selected to achieve it" (Kabeer & Subrahmanian 1999:198) perhaps underplays the dual role of processes as means and ends. Processes of working can also be a strong indication of the general ethos of the

dominant development discourse within organisations. For example, processes may be unattractive ends for some donors that are concerned to ensure development outcomes are measurable and where accountability to their own governments and electorate, as well as to recipient countries is considered more important (Marsden et al 1994). Morgan notes “donors often realise...that it is difficult to measure a ‘process’ that has no fixed endpoint” (Morgan 2001:225). For example, DFID argues that policies are difficult to research and evaluate:

“it is difficult to analyse the impact a body of research has had on development policy or practice: policy influences are diffuse and hard to trace, and the time lag between execution of research and measurable impact may be years” (DFID 2000k:8).

Similarly in cross-sector processes, the more sectors that are involved the harder it becomes to attribute success and failure to a particular sector. Whilst there is some progress towards developing and using process indicators, they are notoriously difficult to set and to assess, and there are limited experiences to learn from (Alsop 1998; Marsden et al 1994; Mosse 1998b; Oakley et al 1998).

In the Nepal Human Development Report, the UNDP (2002) outlines some process indicators for project monitoring, but fails to emphasise the importance of processes, and the indicators risk being interpreted quantitatively. There is currently an absence of specific indicators for assessing cross-sectoral approaches and more general process indicators may need further development before they can capture some of the crucial elements of processes contributing to both means and ends. In their work on partnerships, Bird & Koirala (2002) found four key qualities that were considered important for effective partnerships. They also identified indicators that could be used to assess these four qualities (See Table 3.1). This useful contribution still leaves the need for further guidance as to how these indicators would be applied and they imply the need for substantial contextual information.

The Cabinet Office (1999) recognises that assessing cross-cutting work remains difficult, and this is a challenge shared by all collaborative approaches. Indeed, the National Audit Office (2001) found no examples of departments within the UK Government regularly reviewing and assessing interconnections between policies.

Table 3.1 Qualities of a Good Partnership (Bird & Koirala 2002)

Quality	Indicators
1. Trust and Respect	Significant information sharing Joint information and data analysis Joint project planning Joint project monitoring Joint project evaluation Confidence and trust building exercises Joint report publication
2. Shared Power	Joint activity implementation Joint financial planning Conflict resolution exercises Joint formal agreements
3. Shared Risks	Joint fundraising
4. Shared Learning	Organisational capacity building and training Technical capacity building and training

Where key goals such as poverty elimination and the MDGs rely on cross-sector approaches, it is essential to ensure that the necessary cross-sectoral processes are well understood, that people are aware of best practice and that activity is monitored through appropriate process indicators. An investment of time in improving cross-sectoral processes in themselves may be beneficial and may reap valuable dividends through more effective outcomes. However, lessons from mainstreaming point to the risk that focusing on cross-sector processes in themselves may become a distraction from the primary aims and endpoint and may lead to a dilution of messages and impacts (Holden 2003). Calls for cross-sectoral policy and practice on the basis of one sector's goals may also limit potential reciprocity and synergy.

Looking at cross-sector policy and practice as ends in themselves emphasises processes. Whether cross-sectoral policy and practice are viewed as means or as ends affects the level of engagement that actors are likely to invest, an issue explored in the next section.

3.3.2 Levels and Forms of Cross-sectoral Engagement

The cross-sector working definition outlined earlier, and the literature calling for cross-sectoral approaches, do not specify a particular level of engagement expected

from actors. This situation reflects a theme that consistently emerged from within the research data that many different levels of cross-sector engagement are possible. This was suggestive of a continuum model. The concept of a continuum was grounded within the research data, yet was consistently useful as a theoretical framework and model with which to explain cross-sector concepts within this study. Therefore, the cross-sector continuum model is presented here as an explanatory tool but is also described as grounded theory. This cross-sector continuum is unique to, and has been developed from ideas contained within, this research, but it is informed by the work of several other writers who have previously proposed the concept of a continuum to illustrate different levels of engagement or progress on an issue. The 'ladder of participation' outlined by Arnstein in 1969 (Wilcox 1998) (See Appendix H) outlines the concept of a participation continuum that illustrates different levels and agencies of power from the low rung of 'manipulation' to a top-rung level of 'citizen control'. Alternatively, Thunhurst (2002) focuses on the collaboration necessary to implement SWApS, and created a matrix that includes a continuum from 'fragmentation' through to a 'sector-wide approach' (See Appendix I).

Another key contributor to discussion on levels of engagement is Charles Handy. Famous for his organisational theories, Handy recognised that "the larger the size of the organisation, the smaller the average amount of communication between members" (Handy 1991:83). Handy suggested that effective linkage consisted of three elements: cultural tolerance, bridges and a common language (Handy 1991). First, the cultural tolerance Handy speaks of is that between the different organisational cultures of power, role, task and person (Handy 1993). Each of these cultures is different in outlook and approach to co-ordination, in a similar way to sectors with distinct disciplinary outlooks and epistemologies. Tolerance is required for overall co-ordination to be achieved, otherwise distrust will result when what seems like sensible co-ordination to one person, appears to be intrusive control to someone else.

Second, there are communication bridges that can take various forms:

“bridges range through copies of correspondence, through joint committees...to co-ordinating individuals, liaison groups or project teams. In between them are what might be called pontoons, or the temporary bridges of task forces, study groups or ‘confrontation meetings’ between the arguing groups. Without bridges, the cultures go their separate ways (resulting usually in lowered efficiency and the occasional goof), or they have to be held together at the top by imposed directives, decrees and referee-like decisions. Using the top of the organisation as the principal ‘bridge’ not only distorts the structure and corrupts the cultures, but occupies an undue proportion of the top people’s time” (Handy 1991:100).

Handy views liaison as the most tenuous form of bridge because it relies on one individual informing another of actions, plans and problems. Although liaison can be bolstered by the disciplines of committees, formally circulated information or people with an explicit role of liaison, it ultimately relies on the willingness of individuals to talk and discuss relevant information (Handy 1991).

Finally, a common language enables common understanding: “an organisation that talks together walks together” (Handy 1991:105). According to Handy, the language code will indicate where power lies and where organisational priority is placed, for example, whether an organisation emphasises quality or quantity should be detectable in the informal language used or indeed, whether processes or outcomes are prioritised.

In response to the consistently emerging theme within the research data, and drawing on the work of Arnstein, Thunhurst and Handy, a cross-sector continuum was devised during this study and is presented in Figure 3.1. This continuum went through a process of development from several earlier versions (see Appendix J). The first continuum model was devised in the UK after data collection was complete. This unfortunately precluded using the continuum as a tool for discussion among respondents and for getting feedback from respondents on the usefulness of this model. The development of the cross-sector continuum model took place after many of the initial literature searches and early writing was complete. However, this model continued to develop and became integral to this research, informing and influencing all further literature searches, drafts and redrafts of this thesis from the point of the theory emerging from the data. The influence of the continuum gained momentum as the model became clearer.

Figure 3.1 Cross-sector Continuum

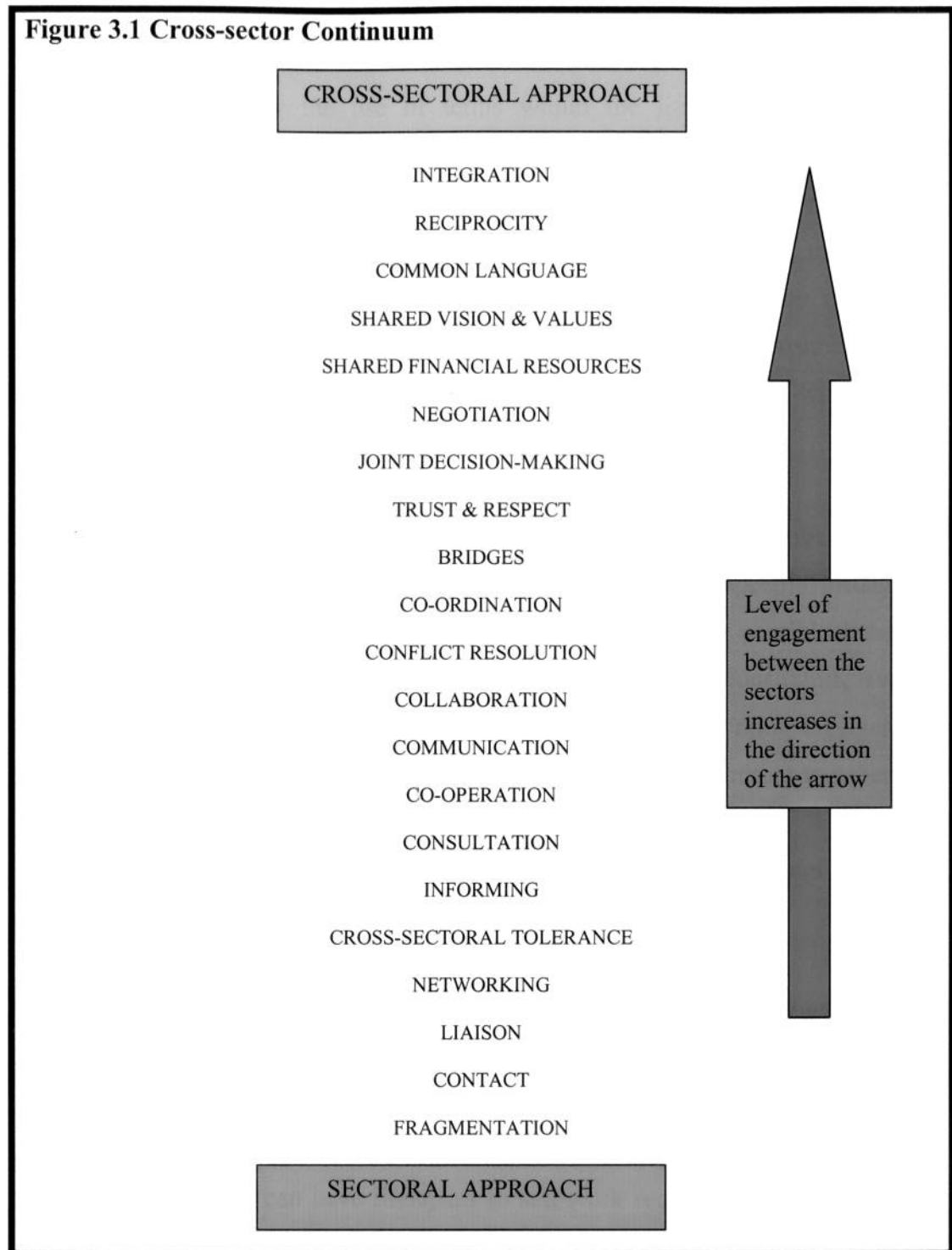


Figure 3.1 presents many possible levels of engagement within cross-sector policy and practice. The types of connection are placed in an approximate order from lower levels of engagement at the bottom of the continuum and higher levels of engagement nearer the top. The arrow represents this increasing level of cross-sectorality.

I placed the statements within the continuum on the basis of the level of cross-sector engagement implied by the use of terms within the literature. However, this subjective placing of statements indicates that all the statements could be placed further up or down the continuum where the continuum is used by different people and in different contextual circumstances. For example, networking may simply involve finding out who is working in what sector and what they are doing. However, in another instance it could become a deeper level of engagement where communication exchange and joint working were involved or where more comprehensive and in-depth networks were formed.

All cross-sector activities will involve varying degrees of engagement and reciprocity. Indeed, the level of engagement possible in any specific instance is influenced not only by sector and actor understandings of the possible levels of engagement, but also by other contextual variables such as time constraints, level of management support, the genuineness of the commitment to working together, the presence of individual change agents, any previous history of working together and staff training (Bird & Koirala 2002; Harrison et al 2003; Matthews & Thornton 2000). Flexibility within the cross-sector continuum is seen as a strength in being able to allow for these subjective and contextual differences.

The different possible levels of engagement lead to cross-sector policy and practice taking numerous forms including meetings, phone calls and email contact, and involving consultation, discussion, sharing information, seeking advice and negotiating shared budgets. There are also possibilities for forming new working groups and teams that can have life-spans to suit work requirements. For example, Matthews and Thornton (2000) describe an HIV Network at DFID London:

“the network acts as a central forum for sharing new information, alerting members to significant developments elsewhere, putting people in touch with each other, moving the policy agenda forwards and gathering examples from the field. Individual strength is gained from sharing ideas and working to common goals” (Matthews & Thornton 2000:13).

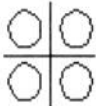


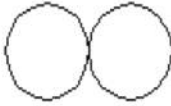
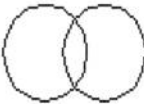
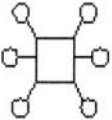
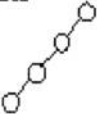
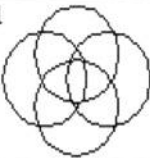

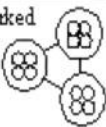
However, some initiatives described as cross-sectoral may be more accurately multi-sectoral or other forms of collaboration. This may be due to a lack of understanding of the nature and definition of cross-sectoral and other collaborative approaches. On the other hand some people will be working cross-sectorally without acknowledging this explicitly.

Thunhurst (2002) recognises that in his matrix, progress may not be sequential and stages may be passed over. However, there is an expectation of moving towards deeper levels of collaboration until a sector wide approach has been reached. Similarly, Arnstein's ladder of participation has been criticised for implying that all participation should move up the ladder towards a 'nirvana' of participation that is the ultimate goal (Guijt & Shah 1998). The continuum proposed here is not intended to suggest that the top is somehow 'better' than the bottom, but rather, that different initiatives may aim for different levels of cross-sectorality to suit the particular work, timescale, number of sectors involved, existing relationships and context. The continuum is merely intended to serve as a representative and illustrative example of the different levels of cross-sectorality that may be possible and as a visual tool to stimulate potential debate about cross-sectorality. This potential is explored further in Appendix B.

3.3.3 Diagrammatical Representations

The cross-sector continuum illustrates that diagrams can offer a creative way of representing forms of collaboration that may be helpful in increasing understanding of collaborative processes. Lake (1994) outlines a series of diagrams of integrated curriculum designs based on the work of Fogarty (1991). These diagrams offer useful conceptualisations of the possible ways of integrating curriculum elements within education settings and were originally conceptualised for use within the US education system. The many different forms of relationship between subjects and disciplines that are outlined in these diagrams are extremely useful and share common ground with other collaborative, relational and linked concepts such as cross-sectorality. These diagrams are presented in Figure 3.2 and are interpreted below in the context of cross-sectoral collaboration.

Figure 3.2 Integrated Curriculum Diagrams (Lake 1994)

Name	Description	Advantages	Disadvantages
Fragmented 	Separate and distinct disciplines	Clear and discrete view of a discipline	Connections are not made clear for students; less transfer of learning
Connected 	Topics within a discipline are connected	Key concepts are connected, leading to the review, reconceptualization and assimilation of ideas within a discipline	Disciplines are not related; content focus remains within the discipline
Nested 	Social, thinking, and content skills are targeted within a subject area	Gives attention to several areas at once, leading to enriched and enhanced learning	Students may be confused and lose sight of the main concepts of the activity or lesson
Sequenced 	Similar ideas are taught in concert, although subjects are separate	Facilitates transfer of learning across content areas	Requires ongoing collaboration and flexibility, as teachers have less autonomy in sequencing curricula
Shared 	Team planning and/or teaching that involves two disciplines focuses on shared concepts, skills or attitudes	Shared instructional experiences; with two teachers on a team it is less difficult to collaborate	Requires time, flexibility, commitment and compromise
Webbed 	Thematic teaching, using a theme as a base for instruction in many disciplines	Motivating for students, helps students see connections between ideas	Theme must be carefully and thoughtfully selected to be meaningful, with relevant and rigorous content
Threaded 	Thinking skills, social skills, multiple intelligences, and study skills are "threaded" throughout the disciplines	Students learn how they are learning, facilitating future transfer of learning	Disciplines remain separate
Integrated 	Priorities that overlap multiple disciplines are examined for common skills, concepts, and attitudes	Encourages students to see interconnectedness and interrelationships among disciplines, students are motivated as they see these connections	Requires interdepartmental teams with common planning and teaching time
Immersed 	Learner integrates by viewing all learning through the perspective of one area of interest	Integration takes place within the learner	May narrow the focus of the learner
Networked 	Learner directs the integration process through selection of a network of experts and resources	Pro-active, with learner stimulated by new information, skills or concepts	Learner can be spread too thin, efforts become ineffective

The 'fragmented' diagram represents the equivalent of no cross-sectoral connections being made. The 'fragmented' diagram represents an equivalent of intra-sectoral work: "the purity of each discipline is left untainted...there is value in examining one discipline or subject as a separate and distinct entity in order to reveal the critical attributes of each discrete field" (Fogarty 1991:5). This argument underlines the importance of retaining at least some degree of expert disciplinarity and sectorality. No cross-sectoral connections are made.

The 'connected' diagram represents the equivalent of intra-sectoral links being made between areas within one sector, for example between maternal health and child health within the health sector. Fogarty argues that "by connecting ideas within a discipline, the learner has the advantage of the big picture as well as a focused study of one aspect" (Fogarty 1991:15). No cross-sectoral connections are being made.

The 'nested' diagram represents the concept of gaining greater learning or outcomes from one experience. Fogarty argues that "by nesting and clustering a number of objectives in the learning experience, student learning is enriched and enhanced" (Fogarty 1991:26). For example, although continuing to work sectorally, the health sector may focus on tackling maternal mortality in Nepal but can use the opportunities to simultaneously pursue health sector strengthening and improve donor-recipient relationships.

The 'sequenced' diagram represents the idea of planning with other sectors to rearrange work schedules and priorities to ensure that any potential overlap within existing sectoral plans coincides, thereby supporting synergy. Fogarty argues "the sequenced model is useful in the beginning stages of the integration process, using two discipline areas that are easily tied to each other" (Fogarty 1991:36). This suggests the continuance of sectoral work, but with cross-sectoral communication, co-ordination and agreement taking place.

The 'shared' diagram could be altered to expand and contract the section of the circles that overlaps, to represent different levels of overlap or integration between two sectors. Achieving cross-sectoral connections between two sectors could be the

objective or it may be the beginning stage of further sectors becoming involved. As Fogarty suggests “this is a viable model to use with two disciplines as an intermediary step to the four-discipline teams which are more complicated and complex” (Fogarty 1991:46). This links closely with the ‘Integrated’ diagram described below.

The ‘webbed’ diagram is useful in its close representation to the idea of mainstreaming around one cross-cutting theme. However, it could be an alternative representation of cross-sectoral work where connections are made through a central subject or issue, or through a leading sectoral anchor. There are however, limitations to how much all of the sectors would actually cross, leading to the likelihood that multi-sectoral working will result. Fogarty claims “the thematic approach or webbed model provides a visible and motivational umbrella...” (Fogarty 1991:56).

The ‘threaded’ diagram represents a model of learning that concentrates less on the specific disciplinary subjects, but on ensuring key skills such as social skills and study skills are gradually added and ‘threaded’ together through the various disciplines. Fogarty argues that “not only does the content stay pure for each discipline, but the students reap the added benefit of a superordinate kind of thinking that has transfer power for life skills” (Fogarty 1991:68). This could perhaps be linked to the concept of a development agency or government having an overall view of what all the sectors and ministries need to achieve in terms of governance skills, capacity building and poverty reduction in one country.

The ‘integrated’ diagram represents a cross-disciplinary model that is an extended version of the shared model. Fogarty describes the disciplines “setting curricular priorities in each and finding the overlapping skills, concepts and attitudes...the integration is a result of shifting ideas out of subject matter content, not laying an idea over the subjects as in the webbed themes approach” (Fogarty 1991:76). This links to cross-sectoral approaches that endeavour not to be dominated by one sectoral agenda, but to find shared agendas and appropriate sectors working together in those appropriate areas.

The 'immersed' diagram represents the concept of an individual having a specific interest area, and all other information and learning being filtered through that interest area. This is particularly linked to doctoral and post-doctoral research approaches. Fogarty reports "This model is not prescribed through a deliberate plan. The immersed model of integration seems to just happen" (Fogarty 1991:88). A development specialist with an interest in, for example, maternal mortality reduction could utilise all the different sectoral knowledge, skills and contributions towards increasing knowledge and skills in maternal mortality. Although Fogarty acknowledges specialist learners often make some of their learning explicit, there is little opportunity for cross-sectoral collaboration other than within the individual's learning experience.

Finally, the 'networked' diagram represents a learning approach that is "pro-active in nature, with the learner self-initiating the searches and following the newly emerging paths" (Fogarty 1991:97). However, Fogarty warns that if taken to extremes interests can be spread too thinly diluting concentrated effort. This model helps to represent individual and sectoral resources that can be shared through networks in order to facilitate work, and "as networks evolve, serendipitous connections appear along the way" (Fogarty 1991:98).

These innovative representations of connections can be helpful in understanding complex relational concepts, and are particularly useful for individuals who 'think more visually'. These visual illustrations contribute to the evidence demonstrating the potential utility of diagrams for representing, conceptualising and discussing processes and models. They are useful representations of both theory and reality, and facilitate a focus on processes that is valuable in the absence of cross-sectoral definitions (see Appendix B).

3.4 Conclusion

The lack of cross-sector impact studies has led to a lack of clarity over the benefits and costs of cross-sector policy and practice. Nevertheless, there remains a general

consensus in the literature that cross-sectoral approaches are beneficial. This is an important assumption in the context of renewed calls for cross-sectorality in order to achieve policy coherence, respond to the cross-sectoral nature of people's lives, and maximise synergy. However, there also remains a lack of agreement over definitions of cross-sector and other collaborative terms.

Emerging from the research data, the theme of cross-sector processes as means or ends is an informative debate illustrating the continuing dominance of quantitative paradigms that often overlook processes within development discourse. Certainly, the rationales for cross-sector policy and practice within the literature emphasise cross-sector processes as means to other ends. The lack of attention to cross-sector processes themselves is then reinforced by the paucity of practical operational guidance for cross-sector processes within the literature. Consequently cross-sectoral approaches may involve lesser levels of engagement than would be likely in circumstances where processes are viewed as an end in themselves. Current cross-sectoral approaches are therefore likely to be located within the lower end of the cross-sector continuum and demonstrate both minimal time commitment to collaboration and a strong residual priority towards the sector of origin.

In order to understand more fully the context within which this study assesses cross-sector policy and practice, the following chapter introduces DFID in more detail.

Chapter Four: The Department for International Development (DFID)

4.1 Introduction to DFID

In order to explore cross-sector policy and practice at the Department for International Development (DFID), it is important to introduce the department and explore the context within which DFID operates. In 1997, the newly elected Labour Government created DFID from the former Overseas Development Administration (ODA). ODA had previously been a section of the Foreign and Commonwealth Office (FCO), but DFID was given a higher profile by the UK Government including a position within the Cabinet, placing the department on an equal footing with the FCO.

DFID is the department responsible for promoting sustainable development and poverty reduction internationally (DFID 2004d). As part of the UK Government, DFID undertakes a challenging role combining accountability to the UK Government and electorate, and to recipient governments and populations. The department needs to ensure its policies are coherent with other UK Government departments, international development partners and recipient government agendas. Achieving policy coherence, even domestically, is challenging where there are often diverse and sometimes conflicting aims and values. Certainly, DFID is both politically influenced by, and financially dependent on, the UK Government and DFID's stress on policy consistency is to a large extent the Government's agenda (Dean 2001).

DFID has a good reputation within the UK Government, as one DFID document reports

“in 2003, DFID was rated as the top performing UK Government department by a survey judged by a panel of former Ministers, Lords, MPs, senior civil servants, broadsheet columnists...” (DFID 2004e:1).

The department is widely viewed as successful on the basis of its achievements since the department was established in 1997 (Ashley 2002; Chakrabarti et al 2002; DFID 2004e; ODI 2000; Short 2003; Watt & Perkins 2003; White 2003). DFID itself

claims that it is "...widely recognised to be one of the most effective development agencies in the international system." (DFID 2003a:8). Success has been linked to perceptions of DFID's strong political leadership, extensive knowledge of international development, its effectiveness in a variety of country settings and in working with other international institutions (Chakrabarti et al 2002). Clare Short's strong, although often controversial, leadership of the department until 2003 was also considered to have contributed to the high regard in which the department is held. Indeed, Clare Short's resignation as Secretary of State for International Development raised some concerns that DFID would slide down the government's agenda, and Britain's place in international development would face similar demotion (Denny & Hall 2003).

DFID published two White Papers in 1997 and 2000 that clearly stated the UK's commitment to the reduction of global poverty (DFID 2000a, 1997a). The second White Paper also highlighted the importance of political will in achieving the elimination of poverty and acknowledged that policies in an increasingly globalised world no longer fit into neat sectoral boxes but that there is increasing need for more integrated and joined-up approaches to policymaking.

A report by the UK Centre for Management and Policy Studies (CMPS) outlined nine key features of modern policymaking: forward looking; outward looking; innovative, flexible and creative; evidence-based; inclusive; joined-up; reviewed; evaluated; and lesson-learning (Bullock et al 2001). In response, DFID and other departments within the UK Government have been making attempts to improve their policymaking. Indeed, the calls for joined-up policy within DFID's White Papers were a result of the emphasis within the CMPS and other key government documents on improving policymaking including better joined-up working (Bullock et al 2001; Cabinet Office 2000, 1999; National Audit Office 2001).

Internationally, unprecedented agreement has been demonstrated with the shared target of poverty elimination and the MDGs provide a shared set of goals that are viewed as steps towards this cross-sectoral target (DFID 2000a). However, there is

widespread recognition that these goals cannot be achieved by any country or organisation alone, hence another rationale for DFID's stress on partnerships (DFID 2004a, 2000a).

DFID has adopted the goal of poverty elimination and the MDGs as its own departmental objectives within its Public Service Agreement (PSA) and Service Delivery Agreement (SDA) (DFID 2004e, 2003c, 2002j-k; OECD 2001b). The PSA sets out DFID's overall aims and objectives, while the SDA outlines how the PSA objectives are to be met (DFID 2004e). A simplified representation of the PSA objectives for 2003-2006 is presented in Table 4.1 below.

Table 4.1 Public Service Agreement Objectives 2003-2006 (DFID 2004a)

Objective 1	Reduce poverty in sub-Saharan Africa
Objective 2	Reduce poverty in Asia
Objective 3	Reduce poverty in Europe, Central Asia, Latin America, the Caribbean, the Middle East and North Africa
Objective 4	Increase the impact of key multilateral agencies in reducing poverty and effective response to conflict and humanitarian crises
Objective 5	Develop evidence-based, innovative approaches to international Development
Value for money	

Some of the PSA targets are shared with other government departments, including a cross-cutting target of achieving value for money (DFID 2004e). Other bilateral and multilateral development agencies are supporting poverty elimination and the MDGs but have mostly chosen to assimilate the goals within existing objectives:

“DFID has built its aid strategy very explicitly around the IDTs, whilst Sweden has seen them as little more than confirmation of some of its own existing approach. The World Bank too has endorsed the IDTs although they do not appear to dominate the Bank's strategy. Even where the IDTs do not explicitly receive prominence, it is now typical to find that agencies have developed a series of cross-cutting concerns that are intended to inform all their activities: poverty, gender, environment, HIV/AIDS, conflict and governance” (King & McGrath 2004:24).

DFID's choice to adopt the MDGs and poverty elimination as key departmental objectives leaves the department relying on global achievement of the MDGs, which

is an outcome not entirely controlled by DFID. Although there is shared agreement around the global targets, they have been criticised on a number of fronts. They have been described as too quantitative and sectoral, they are also universal goals that fail to articulate necessary redistribution strategies and there is a crucial question about whether the goals are achievable (Fustukian et al 2003; Gwatkin 2005; Hinton & Groves 2004; Poston et al 2003; Vandemoortele 2002; White et al 2001; Wroe & Doney 2003). Therefore, DIFD face similar criticisms of their departmental objectives.

In order for the poverty elimination and MDG goals to be so widely shared but also assessed, some form of quantitative targets are needed. There are concerns, however, that these targets have been set too narrowly: “one of the limitations of the MDGs is their failure to acknowledge broader aspects of development” (Fustukian et al 2003:43). For example, poverty defined solely on the basis of income has often been criticised for missing other types of poverty including poverty of opportunity or capability (Fowler 2003; Sen 1999; Vandemoortele 2002) and may overlook many wider influences on poverty. Similarly, gender has been interpreted narrowly, only in relation to the primary education target and is hidden in other health, environment, governance and trade targets. This is a serious oversight where gender is inseparable from poverty (BRIDGE 2001; Derbyshire 2002). The quantitative nature of the MDGs also detracts from the critical cross-sectoral connections necessary for achieving the targets and may reinforce more mainstream sectoral approaches (Fustukian et al 2003; United Nations General Assembly 2001).

Within the MDGs, the lack of aggregation and specific targeting of the poorest through equitable approaches may result in MDG achievement, but simultaneously poverty stays the same or worsens (Gwatkin 2005). Fustukian et al comment that

“...the health targets are stated in terms of improvement in societal averages rather than gains among poor populations. This means that improvements in any national population groups, including the better off, will lead to progress in the MDG targets – not necessarily reflecting improvements in conditions among the poor” (Fustukian et al 2003:87).

Some authors see the MDGs as simply another set of grand international super-goals that give the development community a *raison d’être* but that make little difference to

the poor. Previous international targets have not been met and there are concerns the MDGs await a similar fate (Fustukian et al 2003; Vandemoortele 2002; White et al 2001). DFID has already reported that the first of the MDGs due to be delivered in 2005, 'eliminate gender disparity in primary and secondary education' is unlikely to be met (Wroe & Doney 2003). Nevertheless, the UK Prime Minister, Tony Blair, remains optimistic that elimination of poverty is attainable (DFID 2000a), and Vandemoortele (2002) argues the MDGs are still feasible. Wroe & Doney also remain optimistic, stating "...if the target looks like being missed, there is little doubt that the MDGs are concentrating the minds of the international donor community" (Wroe & Doney 2003:3). To DFID's external partners and the public, the MDGs are clear goals that are likely to contribute to greater understanding of DFID's organisational objectives.

It is concerning that the first DFID White Paper claimed success in improving development goals although the department concedes that poverty had at the same time worsened (DFID 1997a). DFID has since then been clearer in pursuing greater financial support to countries with the lowest income levels (DFID 2004a, 2000d) implying a greater awareness of the need for equitable approaches. However, DFID's intentions remain strongly underpinned by neoliberal ideology, illustrated in the following statement from Tony Blair:

"if the poorest countries can be drawn into the global economy and get increasing access to modern knowledge and technology, it could lead to a rapid reduction in global poverty – as well as bringing new trade and investment opportunities for all" (DFID 2000a:6).

Bilateral and multilateral aid agencies are criticised for being predominantly economically and politically motivated, for their emphasis on quantification and for their financial conceptualisation of health and development (Chambers 1997; Dean 2001; Jackson 2002; McGrath 2002b). Despite the prevailing altruistic rhetoric of poverty elimination and concern for the less fortunate, "it is useful to remember that development is big business" (Hobart 1997:2). Indeed, DFID London has been described as adopting a 'corporate' organisational approach and exchange of information with external agencies is often "couched in the language of customers and business" (McGrath 2002a:4). DFID remains part of the UK Government

concerned with both the domestic and the global economy. Indeed Crawhall & Collinson argue

“if the Government is to make any real headway toward poverty eradication, it will have to look beyond ‘policies to help the poor’ to reassess its own role in the world economy and – using its influence at the international level – address those aspects of the multilateral system that continue to reinforce the poverty and marginalisation of the poorest countries and communities” (Crawhall & Collinson 1998:160).

A question remains whether the MDGs are useful targets or steps towards the greater goal of eliminating poverty particularly amongst the most vulnerable and poorest populations (Vandemoortele 2002). Failure to articulate redistributive strategies for poverty and also for gender suggest any progress made will be overall progress and any existing inequalities will persist (Carney 1998b; Cox & Healey 1998; Hewitt & Killick 1998; Morrissey 1998).

The international development community and the UK Government are constantly responding to changes such as adoption of the MDGs, and therefore, DFID is constantly adapting in response to diverse demands. King & McGrath observe: “development agencies are in a period of major refocusing...commitments to partnership, greater inter-agency co-ordination and the emphasis on sectoral and cross-sectoral planning fundamentally reorient their ways of working” (King & McGrath 2000a:1).

The following section outlines some significant changes to DFID’s methods of aid disbursement and their relationships with recipient governments that directly influence their engagement in cross-sector policy and practice.

4.2 The Contractual Approach to Aid Disbursement

In the past, ODA and many international development organisations concentrated directly on funding small-scale projects overseas. However, there were widespread concerns that projects placed a significant administrative burden on recipient governments rather than improving government effectiveness. Projects were thought to demonstrate insufficient impact, a lack of sustainability and a lack of ability to replicate successful outcomes. The top-down manner in which external donors

dictated the choice and funding of projects was also criticised. This led to calls for new ways of disbursing aid (Akroyd & Duncan 1998; DFID 2000a; DFID Nepal 2003). New styles of aid disbursement stress partnership between donors and governments. Hinton & Groves report “in this new environment policies take a central place whereas projects, from being central to the development process, become one element in a wider development agenda” (Hinton & Groves 2004:5).

Aid, by the very nature of its donor-recipient mechanism has had a tendency to be paternalistic with donors outlining their own agendas within recipient countries and often bypassing government structures. New models of aid have attempted to work in partnership with governments and civil society, prioritising central government-level larger-scale programmes and approaches, in an attempt to have greater impact. As DFID argues

“the result is not just a change in the form which aid takes, but a fundamental shift in the aid relationship – from dispensing aid and managing projects to facilitation and support in the context of a development partnership” (DFID 2000c:25).

The change in the way DFID is disbursing aid is captured in their change of title from one of ‘administration’ (ODA), to that of ‘international development’ (Chakrabarti et al 2002).

Most common among these central government-level partnerships are Sector Wide Approaches (SWAs) and Poverty Reduction Strategies, briefly outlined in Chapter One. There is also emphasis on scaling-up projects to larger-scale programmes.

SWAs aim to facilitate recipient government control of budgetary resources and priorities for a specific sector such as health in order to achieve an overall sector plan in consultation and agreement with donors. The introduction of SWAs and ‘baskets of funding’ for sectors is thought to improve government and donor co-ordination (Walt et al 1999a). Gilling et al (2001) argue that in many cases the SWA process is designed to strengthen the government’s planning and implementation role rather than to generate specific outcomes. This approach requires donors to relinquish control they have traditionally held over resources and direction. Yet, there have

been some concerns that donor enthusiasm for SWAps may override recipient government priorities (Cassells 1997). For example, Foster et al (2000) found many similarities within SWAp programme content between different countries, suggesting donor agendas continue to be stronger than individual government leadership.

Pursuit of SWAps assumes the existence of a reasonable level of recipient government capacity and political stability (Cassells 1997; DFID 2001c; World Bank 2001b), and yet this is exactly what is often lacking in the countries most in need of development support. Indeed, it could be argued that if capacity were available for successful implementation of SWAps, SWAps would not be required and poverty reduction impact would be easier to achieve (Gilling et al 2001). The track record of SWAps is mixed, and improvements through these approaches are not guaranteed (Walt et al 1999b) especially in poor capacity environments. Yet DFID, the World Bank and other partners remain committed to pursuing these approaches (Cassells 1997; DFID 2001a; Walt et al 1999a).

Unlike the SWAp approach, the partnership process of producing Poverty Reduction Strategy Papers (PRSPs) takes a more cross-sectoral approach that promotes poverty elimination and the MDG targets (DFID 2000d). The aim of PRSPs is to agree a national strategy for poverty reduction between donors, a recipient government and civil society in order to ensure policies to this end are coherent. In common with SWAps, PRSPs have been criticised for being donor-driven (Walt 2000). As Hinton & Groves argue

“in many countries governments do not even have a seat at the donor PRSP table, giving weight to the claim that PRSP donor groups have shifted the power away from governments and further in favour of donors...” (Hinton & Groves 2004:12).

Following previous structural adjustment policies, PRSPs have also been described as a new form of conditionality (Gould 2005). Both SWAps and PRSPs are initiatives that move away from project-based development. As Ashley & Carney note in relation to sustainable livelihoods (SL) approaches

[SWAps] “...are seen as being concerned with centrally driven agendas...and overly focused on the needs and capabilities of the public sector. In contrast SL approaches are

seen as emphasising decentralised, people-focused change, more oriented towards the development of smaller scale, often area-based projects with little relevance to sector-wide issues" (Ashley & Carney 1999:23).

DFID argues that "moving from projects to sectoral working requires greater interdisciplinarity in development agencies" (DFID 2001e:30). Certainly, PRSPs may encourage cross-sectoral working, but on the other hand, SWAs continue to emphasise vertical sectoral silos that already exist in many ministries and that have previously been criticised for contributing to poor development outcomes (Chambers 1997; Kabeer 1994; Moser 1993; Werner & Sanders 1997). DFID is promoting central government-level approaches but is yet to develop a fully coherent approach and Chakrabarti et al question "...how comfortable do we have to be about containing the fiduciary risk inherent in programmatic support, how far do we want to move away from projects..." (Chakrabarti et al 2002:7)? Many projects have successfully achieved their aims and have sometimes been in a better position to innovate and respond quickly to the specific needs of poor people than central government-level bureaucratic structures. DFID's main beneficiaries are intended to be the poor and this suggests the need for some attention and activity at the level of the poor. So perhaps there should be greater acknowledgement of the need for both central government support and project-based approaches. Indeed, the debate between central government-level approaches and project-based development reflects a similar, and often over-emphasised, dichotomy between top-down and bottom-up approaches.

Top-down approaches have dominated development and have often been criticised for not taking into account the needs of the poor. Indeed previous centralised and top-down approaches were part of the reason for the growth of alternative participatory approaches in the 1970s that were frequently focused on project based development (Chambers 1983). The emphasis and interest in participatory approaches grew by the 1990s (Guijt & Shah 1998), and they "shifted from the margins to the mainstream" (Cornwall 2000:5). The original aims of participatory approaches were transformatory and empowering, acknowledging the politics of power to bring changes to existing inequalities (Cornwall 1998). In reality, there have been numerous problems including: participative techniques are often still

implemented in a top-down manner; institutional contexts often require bureaucratic goals to be met that constrain participatory ideals; it remains difficult to achieve full participation from the most socially excluded groups; and there are dangers of adding to the burden of those individuals that are most articulate and therefore are most frequently asked to participate (Cooke & Kothari 2001; Crawley 1998; Guijt & Shah 1998)

Bureaucratic constraints and the top-down technical application of participatory approaches remain problematic for DFID and other organisations emphasising participation within a central government-level, donor-driven approach to development. Indeed, Nelson & Wright (1997) argue that the increased participatory rhetoric of development agencies remains at odds with many of their structures and current approaches. For participatory approaches, the rhetoric is perhaps less important than the approach taken and values adopted.

Based on concerns about the top-down nature of larger-scale, central government-level interventions, DFID has faced some criticism of the shift away from projects (Upadhyaya et al 2002). Many recipient and partner governments are seen as unresponsive to the poor with money flowing in but rarely out of ministries and consequently projects may be left responsible for a high proportion of service delivery to the poor (Shrestha 1999). This has led to calls for scaling-up 'successful' projects in order to respond to the frequent criticisms of projects based on their small-scale impact, although DeJong (2003) warns

"their comparative advantage of being responsive to local communities, flexible and able to adapt to changing circumstances may be undermined. Increased size may be associated with greater bureaucracy and more professionalism, but with losses in terms of the quality of human relationships and ability to motivate social change" (DeJong 2003:149).

Edwards (2000) also argues

"development work is never insignificant just because it is small in scale. If it is quality work that makes the right connections, its impact will be diffuse through systems and structures in many unpredictable ways. And if it fails to make those connections it will have little impact, however large it is" (Edwards 2000:72).

DFID, however, continues to favour central government-level initiatives. Therefore DFID-funded projects continue mainly through ongoing commitments rather than new investment and some are being re-invented as larger scaled-up programmes.

Existing projects are in a particularly difficult position of receiving DFID funding at a point when DFID is emphasising the weaknesses of projects in order to shore up support for central government-level activity. The administrative demands of projects have also led DFID to move away from direct management of projects and the department now contracts out management responsibility for most of its projects.¹⁷ These contracted managers are based in the UK and/or at country-level. A project may therefore be managed by several contracted managers, DFID and a recipient government. This can create confusion and places DFID-funded projects in a difficult position of attempting to satisfy different managers' demands unless these managers can work closely together (METCON 2003). However, management organisations are frequently set up in competition with one another in the contractual process of bidding for projects and this may detract from projects' potential to work together at later stages. These management arrangements also make it imperative that any key messages from DFID, for example, about the importance of adopting cross-sectoral approaches, must be clearly articulated throughout all these extra management layers. Indeed, there is a risk that the greater the number of management-levels, the more diluted key messages may become (Handy 1991).

The structure of DFID, including the many layers through which the organisation has to communicate cross-sectoral and other messages is presented in more detail in the following sections.

¹⁷ Some of DFID's projects in Nepal are managed by contracted managers, such as the Community Literacy Project (CLPN), District Health Strengthening Project (DHSP), and the Nepal Safer Motherhood Project (NSMP). Other more recent larger programmes are managed directly by DFID, such as the Enabling State Programme (ESP), Rural Access Programme (RAP) and Livelihoods and Forestry Programme (LFP). There were inconsistent reasons given for these differing management arrangements, but DFID Nepal argued that they chose to directly manage programmes that they judged to be of more strategic value and importance to DFID Nepal and to the Nepali government. This perhaps links to the negative perceptions held by some DFID Nepal staff of several 'contracted out' projects within their portfolio, despite many of these projects successfully achieving their objectives.

4.3 The Structure of DFID

DFID is a complex organisation with a strong central identity within the UK government linked to DFID's key political role and responsibilities. DFID staff are part of the UK civil service and are required to support central government through, for example, preparing responses to parliamentary questions about international aid and development. DFID's structure therefore responds to these UK Government needs by adopting an extensive bureaucratic and hierarchical structure (see Appendix K).

However, DFID has extensive divisions and 36 country and regional offices around the world (DFID 2003a). Indeed, they face a key challenge in ensuring organisational priorities are joined-up internally and externally with the rest of the UK Government and their development partners. Internally, Graham argues

“...geographers prioritise their country strategies, international division prioritise their institutional strategies, advisors prioritise their target and research strategies and the ‘Centre’ prioritises the PSA and White Paper ‘we wills’” (Graham 2001:2).

These divisional identities and priorities are perhaps not unexpected within a bureaucratic hierarchy, as Morgan writes

“people must collaborate in pursuit of a common task, yet are often pitted against each other in competition for limited resources, status, and career advancement. These conflicting dimensions of organization are more clearly symbolized in the hierarchical organization chart, which is both a system of cooperation, in that it reflects a rational subdivision of tasks, *and* a career ladder that people are motivated to climb” (Morgan 1997:168 author emphasis).

Modern literature often tends to emphasise the negative, rigid and slow, sometimes unresponsive and overly administrative nature of bureaucracies. Yet, this was not how they were always viewed. At one stage they were thought to be the most efficient form of organisation for enabling constructive human relationships that were considered of benefit to society (Daft 2001; Ham & Hill 1984; Jaques 1976; Weber 1947):

“one of the ironies in the development of organisation theory is that bureaucracy, which has come to mean a ponderous and unadaptive organisation was originally advocated as the best form for dealing with a changing environment” (Dessler 1986:31).

Using Charles Handy's typology of organisations, DFID is primarily a 'role' culture characterised by Morgan's "subdivision of tasks", or the role to be done and this dictates the approach rather than other factors such as personalities (Handy 1993, 1991; Morgan 1997). Handy argued that the larger the organisation, the more likely the role culture is adopted, with an increasing reliance on formal methods of control and co-ordination.

The structure of an organisation contributes to the organisational culture, and Plowman (2000) argues this culture encompasses values, beliefs and attitudes, which are often more revealing than any statements of organisational aims. As Fyvie (2000) noted in relation to NGO structures

"...interconnectedness operating at NGO head offices...appeared to be closely related to the type of organisational structure adopted by each NGO. Those whose structures consisted largely of functional divisions displayed relatively low levels of interconnectedness, with inter-divisional rivalries and competition for resources dominating day-to-day operations and seriously impeding the flow of lateral communication" (Fyvie 2000:176-177),

while Matthews & Thornton (2000) argue

"in comparison with best practice organisations, which have a flat organisational structure, DFID remains fairly hierarchical, with grades important in the way that staff communicate and exchange information" (Matthews & Thornton 2000:16).

On this basis the hierarchical organogram, strong bureaucratic structure and functional divisions at DFID suggest there may be challenges to inter-connectedness and communication. In view of this, top-down approaches are likely to dominate despite partnership and participatory rhetoric.

Another example of the influence of DFID's structure on the organisational culture relates to gender. DFID uses gender rhetoric within some of its documents, but within state institutions women's interests are often actively subordinated to those of male interests and priorities (Grant & Tancred 1992; Staudt 1998; Valk 2000). In bilateral institutions and also more generally in the UK, high-powered jobs and government decision-making positions are usually dominated by white, English, middle or upper-class men (March et al 1999; Staudt 1998). Sen & Grown argue "equality for women is impossible within the existing economic, political and

cultural processes that reserve resources, power and control for small groups of people” (Sen & Grown 1987:20) and MacDonald et al argue

“...women in mixed organisations have to operate within structures and systems basically designed for and by men and geared to their needs, and even women’s organisations still have to operate within existing patriarchal institutions and macro-political contexts” (MacDonald et al 1997).

DFID demonstrates significant gender inequalities within its organisational hierarchy but the department is beginning to recognise this issue and has identified “the discrepancy between the greater numbers of men than women in senior positions within the Department...” (DFID 2004a:162) and as Derbyshire argues

“agency credibility in presenting a gender equality policy relating to service delivery is assisted if the policy is reflected in or includes measures to promote gender equality in internal staffing and practice” (Derbyshire 2002:35).

However, despite targets to increase the proportion of women (and staff with disabilities and from ethnic minority backgrounds) in senior civil service posts, the department remains part of a male-dominated UK Government. MacDonald et al (1997) controversially argue

“...hierarchies usually have a preponderance of men at the top. In this sense hierarchies are male *in practice*, although it cannot be claimed beyond argument that the hierarchical structure itself is male *in essence*” (MacDonald et al 1997:85 author emphasis).

Jackson (2002) argues the gender composition of an organisation relates directly to how the organisation works. In DFID’s case, its internal gender inequality and ‘male’ hierarchy may detract from its gender equality messages. Positive change within organisations needs greater understanding of gender relations and increasing connection between women’s empowerment, gender transformation and the values of the organisation (Rao & Stuart 1999). In addition, where gender provides one of the key rationales for cross-sectoral approaches, a lack of gender equality within DFID may impact on its ability to support cross-sector policy and practice. Organisational structure and values relating to gender and other issues will have a significant impact on all elements of organisational work and policy.

Top-down approaches and gender inequalities are just two examples of how DFID’s bureaucratic structure influences organisational culture and values. In this research,

data was collected at a variety of different DFID settings within the DFID hierarchy. These settings all demonstrated different versions of the organisational culture and values and are outlined in more detail in the following sections.

4.3.1 DFID London

DFID's London office is the main headquarters of DFID and is responsible for much of the policy and direction of the department. In the 1970s, the then Labour government sought to decentralise many offices from London and consequently, ODA set up another UK-based office in East Kilbride. DFID East Kilbride predominantly deals with financial and contractual work and consequently more administrative staff are based in this office. DFID East Kilbride generally has a lower profile than the DFID London office and recently there have been renewed attempts to decentralise from DFID London through staff relocation to East Kilbride (Barnes 2004).

The focus of this research on cross-sector policy led to a particular interest in the work of DFID London and more specifically the Policy Division. Policy Division lead on policy production and direction, although they are influenced, informed and indeed rely on other sections and individuals for information, direction and policy implementation. The focus on reproductive health and women's education in this research also led to a particular interest in the work of the Education Department (ED) and Health and Population Department (HPD) within Policy Division.¹⁸

The DFID organogram illustrates the changing ways in which DFID is working (see Appendix K). DFID has begun to emphasise their role in influencing others within the development community (Matthews & Thornton 2000; Poston et al 2003). In the face of limited resources and emphasis on central government-level approaches to development, the concept of DFID influencing others with their own agenda is stressed, but not without criticism. This influencing agenda has been interpreted as giving a strong message that DFID holds knowledge that it needs to pass to others,

¹⁸ ED and HPD no longer exist in the new structure of Policy Division (see sections 4.4.2 and 6.3.1), and hence they are present in the organogram from 2000, but missing from the more recent organograms in Appendix K.

rather than being open to knowledge from broader sources including developing countries. Indeed, it is concerning that “new staff report that pre-DFID work (prior learning and experience) is not valued or recognised” (Matthews & Thornton 2000:15). The influencing agenda creates the impression that DFID has worked out how to do development and their task is to influence others to follow their lead, a stance seen as arrogant by some (King & McGrath 2004; McGrath 2002b). Several authors raise concerns that DFID has a similar approach to partnership, which it sees as a means to achieving the department’s goals with partners rarely viewed as equal (Cox & Healey 1998; Kayizzi-Mugerwa 1998; Maxwell & Riddell 1998). Indeed, Dean (2001) argues that those who do not comply with DFID’s agenda are unlikely to become full partners in their work and Tamang suggests that “donors, knowingly or not, tend to gravitate to ‘partners’ who share their ideological bent” (Tamang 2003:24). As Matthews and Thornton report “we are more used to telling than listening, both internally and with partners. The move to an influencing agenda is potentially re-enforcing this” (Matthews & Thornton 2000:17).

DFID also has a strong emphasis on policy production, demonstrated by the substantial number of documents to come out of the department since 1997 and this has led to large numbers of advisory staff and policy-makers within the organisational structure. However Pasteur argues “policy on paper does not necessarily mean policy in practice...” (Pasteur 2001a:7) and Chakrabarti comments that “...it is fair to say that in some areas, policy has run ahead of practice...” (Chakrabarti et al 2002:3).

Despite DFID continuing to directly manage some projects and programmes overseas, the emphasis on contracted management arrangements for DFID-funded projects has resulted in a lack of representation of work taking place below country office-level within the organisational organograms. There are some regional offices responsible for management of DFID country-based work within the organograms, but in Nepal, DFID has its own country office jointly managed by the Head of office and by the Asia Directorate in London. The Asia Regional office in Bangkok is

generally responsible for Asian countries without their own country office and has no official links to DFID Nepal (DFID 2004f).

4.3.2 DFID Nepal

The British aid programme in Nepal commenced in 1952 (Mihaly 1965). DFID is the fourth largest donor and second largest bilateral donor in Nepal (DFID 1998; Upadhyaya et al 2002). The long history of connections between Britain and Nepal, the current context of escalating conflict and the poor record of development outcomes outlined in Chapter One, suggested the need for DFID to have a greater presence in Nepal. In response, the department set up a country office in Kathmandu in 1999. Upadhyaya et al (2002) argue that the DFID Nepal office helps DFID to respond more quickly to Nepal's changing policy environment and that it has enhanced partnership and co-ordination with other donors.

In 1998, DFID described the development situation in Nepal, in the Country Strategy Paper (CSP) (DFID 1998) but this paper gave little information about how DFID intended to tackle perceived development problems. This was a common problem with all DFID's CSPs, which were also criticised for their lack of links to the main poverty reduction agenda (Chakrabarti et al 2002). In response a new Country Assistance Plan (CAP) was published in 2004 that offers greater clarity about how DFID Nepal intends to address key development issues, with which priority groups and with which working partners (DFID 2004c; DFID Nepal 2003).

In common with other DFID documents such as the White Papers and the Target Strategy Papers (TSPs), the CAP recognises the need to closely monitor progress towards development benefits specifically for women and other marginalised groups (DFID 2004c; DFID Nepal 2003). However, despite improved clarity of overall strategy in the new CAP compared to the CSP, it remains unclear how DFID Nepal intends to achieve the significant changes necessary with these difficult to reach, socially excluded populations. DFID Nepal's approach to gender is starkly illustrated in the Asian Development Bank's Nepal Country Strategy, which outlines the priority areas of other donors working in Nepal and in which there is a blank space

for DFID's action on gender (ADB 2002b). In the context of Nepali levels of gender inequality, the lack of clear redistributive gender strategies and mention of gender in some DFID Nepal documentation is alarming. In the context of this research, this is also important because poor prioritisation of gender equality may contribute to weakening one of the rationales advocating adoption of cross-sectoral approaches.

Consistent with DFID's overall approach to development, DFID Nepal is building a good working relationship with, and is also encouraging a strong lead from, the Nepali government. In addition, DFID Nepal are attempting to influence the donor community (DFID 2004c). The abundance of donors in Nepal has contributed to an uncoordinated confusion of projects in the past and DFID hopes that central government support mechanisms will overcome some of the problems of project-based aid approaches but that they will also improve donor co-ordination. However, many of the necessary preconditions for implementing central government approaches, outlined earlier, are not present in Nepal (or in many other countries where SWAs are being pursued).

DFID Nepal is actively pursuing a health sector SWAp (DFID Nepal 2003), and in Nepal, the health sector is perhaps the most advanced sector in terms of SWAs (HMGN 2004). Some health sector documents also emphasise the need for cross-sector links (HMGN 2002d, 1999, 1998a, 1998c) but many documents remain sectorally focused. There has also been an attempt at a SWAp in the education sector, centred on a basket of funding for the second Basic Primary Education Programme (BPEPII) outlined in Chapter One. However, this sectoral approach is thought to be less advanced than the health sector and "...prospects for a sector-wide approach for the entire education sector are poor" (Upadhyaya et al 2002:14). DFID has not invested in the BPEPII programme but has stated that it is reconsidering this position (DFID 2004c).

The Nepali Government and donors have agreed Nepal's PRSP as the Government's Tenth Plan summary for 2002-2007 (HMGN 2003a). DFID Nepal views the PRSP as a sound framework around which all development partners can co-ordinate (DFID

Nepal 2003). However, optimistic views of achieving the Tenth Plan goals should be tempered by the lack of implementation of many priorities from earlier five-year plans (HMGN 2003) and Shrestha comments "...it still lacks commitment to address real concerns of marginalised/poor people" (Shrestha 2003:36). The process of creating a PRSP in Nepal has been cross-sectoral and successful delivery of the strategy will require cross-sectoral approaches. The Tenth Plan and PRSP emphasise four inter-related pillars: broad based economic growth; social sector development including human development; targeted programmes towards socially excluded groups; and good governance (HMGN 2003). Within the PRSP, the education agenda has been broadened to include continued emphasis on primary education whilst also recognising the importance of secondary and higher education development. The health sector continues to be disease, population control and central government-level focused with priority given to HIV, tuberculosis (TB) and malaria, family planning, health sector reform and social insurance. There is however priority given to extending provision of basic health services particularly targeted to the poor, a welcome challenge to the continuing stress on tertiary care in urban areas of Nepal (Grant 2002; HMGN 2003).

Both SWApS and PRSPs have the potential to bring donors together to co-ordinate coherent development aims in conjunction with the Nepali Government. However, there is a danger that where SWApS and PRSPs are predominantly external donor agendas, increasing the coherence of donors around these agendas may be threatening to any Nepali Government priorities that diverge from donor priorities (Robinson 1999). Indeed, DFID Nepal described the donors as having "largely displaced Government's role in development" (DFID Nepal 2003:9) and the Nepali Government argue that "as seen by the Nepalese, there is a mismatch between development priorities as determined by Nepal and the priorities of donor countries and institutions" (HMGN 2002b:5).

Despite the emphasis on central government-level approaches to development, DFID Nepal remains responsible for a wide portfolio of projects and programmes, thinly distributed sectorally and geographically (Upadhyaya et al 2002). However, one of

DFID Nepal's perceived strengths has been its twin-track development approach at both local- and central-levels and the office faced substantial calls to continue both levels of approach during its CSP review in 2002/2003 (DFID 2004c; DFID Nepal 2003; Upadhyaya et al 2002). From their CSP review and an independent review of partnership between the Nepali Government and foreign aid donors in 2002, various strengths and weaknesses of DFID Nepal were identified (DFID Nepal 2003; Upadhyaya et al 2002). DFID Nepal's strengths included the depth of analytical capabilities among staff and the co-ordinating role that the office takes among donors and government. Their weaknesses included being insufficiently transparent and locally accountable about available resources, expenditure, policy processes, selection of partners, and the impact of their work. They have also faced criticism for being over-centralised in Kathmandu, for having excessive layers of management between DFID Nepal and intended beneficiaries and for over-reliance on expatriate advisors. However, perhaps most concerning in the light of DFID's overall objectives, is the perception that there is insufficient weight given to the impact of their activities on the poor (DFID Nepal 2003; Upadhyaya et al 2002).

DFID Nepal and other country-level offices' distance from their beneficiaries is reflected in DFID's decision to limit staff travel beyond the capital, reducing the time advisors spend in the field (Hinton & Groves 2004). In Nepal, the limits to staff travel may be justified on the basis of increased conflict in some areas, although this is inconsistent with the continued travel of DFID-funded project staff and DFID employees working at project-level.

There is growing recognition that in negotiation with other development partners in Nepal, and with the Nepali government, DFID Nepal needs to demonstrate and select areas of comparative advantage (Chakrabarti et al 2002; DFID 2001a, 2000a). The Nepali Government argue that

“donors’ mutual co-ordination and specialisation on the basis of their respective comparative advantages could greatly facilitate HMG effort in ‘internalising’ the development process” (HMGN 2002b:33).

DFID is beginning to recognise the tradeoffs between time, prioritisation and goals stating that "...greater impact might be achieved by doing less, in a more focused and joined-up manner" (Harvey et al 2002:6) and Goodburn & Campbell also argue "the logic of doing a few things well rather than many things badly is undeniable" (Goodburn & Campbell 2001:918). Currently DFID Nepal is highly regarded for its central government-level co-ordinating role among donors and government, for its strong leadership in the health sector regarding health sector reform and SWAp, and for its role in peace-building and conflict resolution (DFID 2004c, 2000b; DFID Nepal 2003; Grant 2002).

In Chapter One it was noted the Nepali Government has poor control over some regions of the country and is failing to deliver basic services. Therefore DFID Nepal continues to rely on its portfolio of projects and programmes to deliver services at a local level. Two of the larger programmes DFID is funding and directly managing are the Livelihoods and Forestry Programme (LFP) and the Rural Access Programme (RAP), both of which emphasise livelihoods and cross-sectoral approaches.

LFP followed on from DFID's Nepal-UK Community Forestry Project (NUKCFP) and uses livelihoods approaches within community forestry management. LFP focuses on forestry as a vehicle to improve the livelihoods of the poor (LFP 2002a). The programme adopts a cross-sectoral approach supporting work in health, education and other areas impacting on livelihoods, especially where they impact directly on the ability of the rural poor and socially excluded to increase the benefits forestry can offer (LFP 2002a). Much of their work involves supporting local people to become members of forest user groups and to gain a greater voice to exert their rights in decisions about local forest resources (LFP 2002b).

The Rural Access Programme (RAP) is a long-term programme that combines livelihoods and social development approaches with engineering initiatives. This cross-sectoral programme has undertaken road building in order to enhance people's incomes through access to local markets. Road building work is carried out that prioritises the road routes most beneficial to poor communities and the programme

also employs many of the poorest local people in the practical work of road building (Helvetas 2004). RAP devised methods of ensuring they identify the poorest and most socially excluded within communities in an attempt to have the greatest sustainable impact on the beneficiaries most in need.

However, the focus of this research on specific cross-sector policy and practice between reproductive health and women's education led to data collection at three health and education focused DFID-funded projects in Nepal. These three projects were the Community Literacy Project Nepal (CLPN), District Health Strengthening Project (DHSP) and the Nepal Safer Motherhood Project (NSMP). The three projects are introduced in the following sections.

4.3.3 Community Literacy Project Nepal (CLPN)

CLPN is funded by DFID and managed by World Education Nepal, an INGO based in the United States but with an office in Kathmandu. CLPN have also received consultancy support from two UK-based NGOs, the 'Centre for British Teachers' and 'Education for Development'. Many traditional literacy programmes overlook people's use of literacy in their lives, and the sustainability of literacy over time. In response, CLPN adopted an innovative and flexible approach linking literacy needs to people's daily lives and livelihoods (CLPN 2002; Street 2001, 1995). This was a response to 'new literacies' studies that place more emphasis on the important subtleties of development within people's lives than the quantifiable targets of development such as official literacy statistics (Street 2003). This functional literacy approach acknowledges that people may use oral traditions and different forms of literacy in everyday activities and transactions. The approach aims to build on these existing skills with new literacy skills that are of maximum use to people's livelihoods (Chitrakar 2000). Their focus on improving people's livelihoods leads them to adopt a cross-sectoral approach (Shrestha et al 2002). Literacy may be linked to agriculture, basic accounting skills, health, income generation, local politics, forestry or other key areas of livelihood significance (CLPN 2002; Lillis 2002). This approach has been demonstrated to lead to a greater sustainability of literacy skills over the longer-term (Chitrakar 2000). Chitrakar (2000) argues in Nepal where there

is such poor literacy, the failure of the national literacy programme to make large-scale sustainable improvements leaves space for other innovative approaches, even where these initiatives are on a smaller-scale.

Specific activities undertaken by CLPN have included creating tailor made literacy learning materials based on social needs in vegetable production, saving and credit groups, non-timber forest products and pig and goat rearing. They have also supported people's daily literacy needs for keeping records, community forestry, governance, community writing tasks and community health including literacy training for traditional birth attendants (CLPN 2002, 2001). CLPN has also attempted to remove access barriers to official documents through simpler use of Nepali language and the increased use of local languages (CLPN 2002). CLPN advocate the importance of integrating literacy across all sectors of development, acknowledging literacy can offer improved development opportunities for people (DFID 2002m, 2000m; Lillis 2002; Shrestha et al 2002).

In 2003, CLPN was the subject of a critical evaluation report by a group of Nepali consultants (METCON 2003). The evaluation however, failed to evaluate CLPN against their stated aims. Indeed the evaluation demonstrated cynicism of the CLPN approach based on preconceived ideas rather than on the data they collected during the evaluation. This was perhaps in response to the 'new literacies approach' that is "currently out of fashion in higher policy circles" (Street 2003:8). Despite the report, CLPN was given an extension of funding for one year to July 2004. This provided the opportunity for CLPN to further share lessons from their work.

4.3.4 District Health Strengthening Project (DHSP)

The second DFID-funded project that was a setting for data collection in this research was DHSP. Following on from the work of the Eastern Region Primary Health Care Project, DHSP commenced work in 1997 (DHSP 1997). The project was funded by DFID Nepal and managed by the British Council based in Kathmandu. The project also received advisory support from the Nuffield Institute at the University of Leeds. DHSP aimed to promote strengthening, support and capacity

building in health management systems at central- and district-levels in Nepal. The project's district focus aimed to establish common methods of district health service management in collaboration with other donors working in this area. The project also supported Nepali Government, donor and specifically DFID Nepal plans for decentralisation as part of the health sector reform agenda (Collins 2001).

Planned outputs at DHSP included developing effective systems for preparation and implementation of local plans and budgets; effective systems for better management of human, financial, and physical resources; and recognising and addressing inequalities in human resource development, distribution, health service delivery and utilisation. DHSP also aimed to increase community levels of participation and representation in management, planning and demanding health services. Lessons from DHSP's work were intended to help future policy reform and improvement of services (DHSP 2002). Partnerships have been crucial to DHSP's work:

“to enable the DHSP to make progress in its three districts it has...proved essential...to make partnerships at both district and central levels...Such partnerships ensure that the DHSP goes beyond being an ‘implementing project’ and gives true added value to Nepal. The project outputs and purpose do not currently mention such partnerships, but refer to dissemination in a less specific way. Notwithstanding this, the considerable partnerships DHSP has forged should not be overlooked” (DHSP 2000a:4/2).

DHSP recruited a social development advisor in 1999, in response to the need for the project to strengthen its social inclusion agenda (DHSP 1999). Although a social development advisor post existed within all three DFID-funded projects studied in this research, the influence of this post appeared greatest in the case of DHSP. Indeed, from the point where social development is raised on the DHSP agenda, the project adopted a broader focus on poverty, gender and socially excluded groups in all their work. DHSP also began to adopt more community participative approaches at district-level, and staff began actively seeking to engage socially excluded groups (DHSP 2002, 2001). As Fustukian & McDonald report

“DHSP has developed a two-pronged approach to its programming, emphasising community development at the same time as health system strengthening and integrating many of the SLA principles in their programming. However, the staff are hampered in developing this approach further as the project was conceived within a health sector

reform framework, with limited cross-sectoral involvement” (Fustukian & McDonald 2003:3).

Midway through DHSP’s lifespan, DFID changed its policy direction and district approaches became less popular in the context of the new emphasis on scaling-up and central government-level support (DHSP 2002). DFID Nepal steered DHSP towards prioritising support for health sector reform in order to facilitate the office’s other priority health issues such as safe motherhood, TB and HIV. DHSP was granted a year’s extension until September 2004 (DHSP 2003), although the social development approach was dropped by DFID in the final year of the project. In this final year, focus shifted entirely to central government-level support to the Ministry of Health and Department of Health Services for health sector reform and the Ministry of Health’s ‘Health Economics and Finance Unit’.

4.3.5 Nepal Safer Motherhood Project (NSMP)

The third DFID-funded project explored in this research was NSMP, which began in 1997 and was managed by Options Consultancy Services Limited, based in London. The very poor maternal mortality statistics in Nepal remain of great concern to all in the development community, and the creation of NSMP supported the Nepali Government’s commitment to the global safe motherhood agenda (HMGN 2002b, 1998b). NSMP was one of the first projects to operationalise new thinking from global safe motherhood policy that emphasised maternal mortality reduction (MMR) through Emergency Obstetric Care (EOC), rather than the training of traditional birth attendants (DFID 2002L). Their specific purpose was to “increase utilisation of and access to quality emergency obstetric life saving care” (Abbatt 1999:4).

In focusing on EOC, NSMP and DFID Nepal chose not to prioritise other areas of safe motherhood and other contributors to MMR such as antenatal care, reducing unplanned pregnancies and improving nutrition (DFID 2002L; Kolsteren & De Souza 2001). NSMP’s EOC focus was justified on the basis of a number of studies demonstrating the importance of available EOC services before MMR can be achieved (DFID 2002L).

NSMP focused on improving hospital facilities and staff capacity to carry out life-saving treatment and care, such as Caesarean sections. In the context of some Nepali hospitals, NSMP faced problems in challenging the cynicism and 'ke garne'¹⁹ attitudes among hospital staff that were deeply rooted and required radical interventions (Abbatt 1999). They also found it difficult to introduce the concept of teamwork within the hierarchical Nepali culture where hospital staff were traditionally used to following instructions from their superiors without question (Basnet 2000). NSMP and DFID acknowledge, however, service provision alone is insufficient to improve maternal health (DFID 2002L; NSMP 1997).

EOC is dependent on improvements in other interdependent areas such as overcoming barriers to women accessing care. This, in turn, is dependent on social development including women's education and societal changes such as increasing women's control over decision-making and access to financial resources that require multi-sectoral approaches (DFID 2002L). Kunst & Houweling (2001) also claim that inequalities in delivery care between the rich and poor diminish where female literacy levels are higher. In response, NSMP included increasing access, and social development components within their project priorities (NSMP 2001, 1997). Access barriers include women's low status, lack of female staff at health posts, cultural beliefs about childbirth, male control over decision-making and control over childbirth exerted by older women such as mothers-in-law (NSMP 1998b; Osrin et al 2002; World Bank 2001a). NSMP has challenged some of the access barriers through for example safer motherhood education initiatives and collaborative work to support changes to abortion legislation in Nepal (Basnet et al 2003; NSMP 2002a-b). This legislation will rely on improvements that NSMP and their partners have made at hospital and EOC level, in the same way that EOC will rely on effective implementation and monitoring of the abortion legislation. This example demonstrates NSMP and partners' recognition of the importance of addressing strategic political issues outside the health sector that have the potential to create powerful and beneficial health and social impacts for women and men.

¹⁹ 'Ke garne' translates literally as 'What to do?' and usually suggests apathy and lack of direction in the face of problems.

However, there remain some concerns that maternity services globally are over-medicalised (Buekens 2001; DFID 2002L). NSMP's primary concentration on medical approaches through EOC may raise some similar concerns. However, for DFID Nepal, hospital building and staff training outputs are more easily measurable than social development and increasing access impacts. It is easier for DFID and NSMP to demonstrate their impact on maternal mortality through quantifiable measures. In the same way, it is easier for the claims about EOC impact on MMR to be evidenced in the existing research.

NSMP is viewed by DFID Nepal as a successful project and this is evidenced by DFID Nepal's funding for a 'new' Safer Motherhood Programme that commenced in 2003 (DFID 2004a, 2003a). The new 'Sector Nepal National Safer Motherhood Programme (SNNSMP) provides "support to current health sector initiatives and Nepal's National Safe Motherhood Plan" (DFID 2003a; Whiteside 2003) and therefore, combines elements of safe motherhood and health sector reform that appear to continue the work of DHSP and NSMP on a larger scale.

4.4 Cross-sector Policy and Practice at DFID

Having examined the different levels of the DFID structure where data collection was undertaken, this section examines how DFID is interpreting and engaging in cross-sector policy and practice.

The international development community's poverty elimination and MDG agreements, the SL, gender and HIV discourse and the UK Government's governance demands, all demonstrate increasing calls for policy coherence, collaboration and cross-sectoral approaches that pressure DFID to adopt this collaborative agenda. The UK civil service has a departmental history, and it has the tendency therefore to think and act within these boundaries (Bullock et al 2001). The OECD argues

“the recasting of DFID as an autonomous government department has strengthened its capacities to pursue its broader agenda as well as enabled it to play an active role in promoting policy coherence” (OECD 2001b:1).

Within DFID the strongest support specifically for cross-sectoral approaches and cross-disciplinary collaboration comes from SL literature and from internal operational, human resources and strategic management documentation (Carney 1998a; Carney et al 1999; DFID 2001k; Harvey et al 2002; McKendry & Anning 2002; Manning 2002; Matthews & Thornton 2000). In fact some of DFID’s most coherent thinking on cross-sectoral and cross-disciplinary policy and practice is ‘hidden’ within these internal documents giving the impression in more public discourse that DFID’s thinking on cross-sectorality is not so far forward.

Some documents do not mention the term cross-sector, but discuss issues that are cross-sectoral in nature and mention other collaborative terms such as the Chakrabarti et al (2002) document ‘Going From Strength to Strength...’. Similarly, of the Target Strategy Papers (TSPs), only the papers on urban areas (DFID 2001d), education (DFID 2001e) and the environment (DFID 2000c) mention cross-sector specifically, despite an abundance of references to collaboration, co-ordination, coherence and partnerships in all the TSPs.

Carney (1998a) claims that a number of constraints prevent full assimilation of cross-sectoral approaches including DFID’s structure, resource allocation procedure and incentive system. There remains little incentive for individuals to contribute towards shared corporate goals or those of another department when current systems reward high-profile initiatives rather than lower key but important contributions to cross-departmental objectives (Cabinet Office 2000). DFID has, however, recognised the need to

“reward managers who build cross-disciplinary or cross-geographic teams to deliver specific outcomes. Reward managers who allow their staff to contribute to other parts of DFID (seeing them as a corporate resource). Reward individuals, who demonstrate good team working and knowledge sharing” (Matthews & Thornton 2000:18).

The extent to which partnerships are adopted frequently depends on personal relationships and the level of motivation and engagement of individual staff (Dean 2001; Upadhyaya et al 2002). Yet, these staff are frequently located and viewed sectorally, rather than as an organisational resource: "...individual sectors are seen as the guardians of expertise with protectionism of knowledge seen as necessary to justify professional existence" (Matthews & Thornton 2000:14).

Thompson (1998) argues, in relation to DFID, that "at an organisational level we may need to review our priorities if we are to embrace the notion of cross-sectoral working" (Thompson 1998:204). The development agenda is becoming increasingly complex with new initiatives overlapping and being introduced at increasing speed. There is a danger for DFID that in the face of so many changing demands "new paradigms are simply juxtaposed against the dominant one with no effort at reconciliation" (Mkandawire 2001:9). The demand for more coherent ways of working such as the SL approach, affect expectations of staff capacity (Carney 1998a; ODI 2000). This, in turn impacts on the kind of staff that development organisations including DFID need to recruit and retain (McKendry & Anning 2002). Both individuals and institutions are important in responding to these increased demands. Dean argues

"an institution is defined by its goals, aims and policies, but is composed of and operationalised by its staff: institutional change and analysis, therefore, must be seen in terms of the implications on the staff" (Dean 2001:77).

Even if the strongest management support for an agenda exists, individual staff are still responsible for operationalising approaches across the organisation (Derbyshire 2002). DFID is keen to encourage secondments and interchange of human resources in an attempt to access a wider range of knowledge and skills from within and outside DFID (Chakrabarti et al 2002), although McKendry & Anning (2002) state that

"...by 'sharing staff' most of those consulted really meant DFID providing other donors with our staff on secondment, rather than us taking their staff. We tend to believe that our people are nearly always better than those of other donors" (McKendry & Anning 2002:21).

The UK Government may be openly committed to 'joining-up' (Cabinet Office 1999; National Audit Office 2001), but for this to be meaningful, the organisational and institutional culture needs to facilitate this aim. Cultures and practices vary between different departments and between different offices of one department and consistency is almost impossible to achieve (Pasteur 2001b). However, the 'centre' can send out strong messages, incentives and disincentives regarding the kind of culture, policy and processes it supports. This includes messages about increasing cross-sectorality.

One suggestion for moving away from more traditional sectoral ways of working at DFID is to refocus on the desired outcomes of a piece of work: "these changes demand a greater ability to work flexibly across traditional development disciplines" (McKendry & Anning 2002:2). This re-emphasis towards outcomes demands a re-orientation of thinking about how desired goals are approached and achieved:

"...there is a widespread view that the starting problem analysis can be skewed because it is often led by a member of an input-oriented cadre, who act as advocates for work for their own cadre" (McKendry & Anning 2002:13).

A key challenge to increasing levels of cross-sectoral policy and practice focusing on desired outcomes is in evaluating impact, where sectors retain the desire to be able to clearly identify their particular contribution. There is also the potential for incompatibility between the cross-sectoral processes necessary to achieve the desired outcomes and the focus on desired outcomes that prioritise an end product. There is no reason for processes and products or means and ends to be incompatible. However, the danger remains that DFID, driven by measurable products and outcomes (King & McGrath 2004), may overlook processes in favour of desired outcomes, so losing some of the potential benefits of processes as both means and ends (Oakley & Marsden 1990). The lack of emphasis on processes can be seen in the lack of support for cross-sector processes within DFID and DFID Nepal documentation.

Nevertheless in practice, CLPN, DHSP and NSMP all work together and with other donor projects, NGOs and the Nepali government to differing extents. DHSP and

NSMP have demonstrated greater joining-up and co-operation as the projects have progressed, although some challenges remain (DHSP 2000a-b; NSMP 1999). Yet, their location within the health sector suggests DHSP and NSMP links are not strictly cross-sectoral. CLPN relies on cross-sectoral links to achieve its stated aims and has linked with both DHSP and NSMP and many other organisations in different sectors.

Staff at district-level are often in the field and have less opportunity to meet (DHSP 2000b), and yet many successful collaborative links have been made by DFID projects in the districts. NSMP have identified that using a popular cause such as safe motherhood can be a useful area around which to build support that fosters links between the District Health Office (DHO) and the District Development Committee (DDC). NSMP and DHSP have realised that these links can then be employed for wider health and other sector agendas (DHSP 2000b). Indeed, in an attempt to improve collaboration between projects, NSMP was influenced by DHSP's presence in the district of Rupandehi, in selecting this district for the second phase of its project activities (NSMP 1998a).

At office-level, both DFID London and DFID Nepal offices have been actively debating methods of improving cross-sector policy and practice. Three significant developments – the 'Triangle of Skills', the Policy Division Review, and 'Core Team Working' are outlined in the following three sections.

4.4.1 The Triangle of Skills

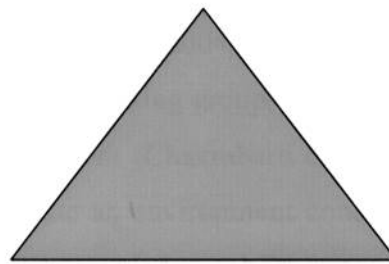
The DFID 'Triangle of Competencies' was initially presented in a document 'Skills and Competencies for DFID Nepal's Advisory Team', commissioned by the DFID Nepal office (Robinson & Manandhar 2001). The model was developed in response to a debate about the relative benefits of sectoral or generic development staff and whether DFID needed to move away from disciplinary cadres towards more generic professional development workers. In an example of 'bottom-up communication', the model influenced discussion in the DFID London office under a new title, 'The Triangle of Skills' included in an internal document 'Going From Strength to Strength: Further Improving What We Do and How We Do It' (Chakrabarti et al

2002). The model was also endorsed by the June 2001 DFID Management Board (McKendry & Anning 2002).

The model, presented in Figure 4.1, contributed to discussion about the skill requirements for all DFID teams and departments. The different skills include: 1) interpersonal, staff management, process management and influencing skills, 2) specific professional expertise, and 3) knowledge of development. Chakrabarti et al (2002) argued that this triangle of skills is relevant to all DFID staff for attaining the optimum mix of skills required for DFID to achieve its objectives.

Figure 4.1 DFID Triangle of Skills (Chakrabarti et al 2002; Robinson & Manandhar 2001)

Interpersonal, staff and process management and influencing skills



Specific Expertise Issues

Knowledge of Development

DFID still requires professional disciplinary knowledge and skills, but there are increasing pressures for staff to demonstrate other more generic skills such as policy capability, political, management, negotiation and influencing skills (Chakrabarti et al 2002). This skills triangle is consistent with cross-sector policy and practice and can be utilised to encourage individuals and teams to recognise the multiple skills available within sectors and disciplines and the interdependent valuable roles that each contribute to departmental objectives. The Triangle of Skills formed the basis of one respondent's diagram example presented in Figure 6.3.

4.4.2 The Policy Division Review

The second significant development impacting on cross-sector policy and practice has involved major structural changes to Policy Division at DFID London. Policy Division at DFID London originally comprised many individual sectoral

departments, for example, health, education, social development and governance, that responded to organisational policy demands. In 2003 restructuring of Policy Division was undertaken in an attempt to make the division more responsive to the needs of the PSA. The changes were also a response to an internal report that concluded the work of Policy Division was of high quality, but that it could be improved by introducing stronger incentives for inter-disciplinary working (Manning 2002). The Policy Division restructuring communicated a strong message of support from DFID senior management for the PSA objectives and for cross-sectoral approaches.

The new structure removed the sectoral divisions and created multi-disciplinary teams working towards specific goals, some of which closely correspond to the MDGs, such as the 'MDGs and Reproductive Health' and 'Poverty Reduction Difficult Environments' teams (DFID 2004a; Harvey et al 2002). The teams are similar to 'task force groups' or 'working groups', and in some ways they mirror the way many country-level teams work (Chakrabarti et al 2002). The restructuring has also responded to calls to: create an environment conducive to effective joining-up and to set team-based objectives and Annual Performance and Development Plan targets on a shared basis while not placing an additional burden on staff (Matthews & Thornton 2000).

Despite these changes, Policy Division remains part of a strongly hierarchical government bureaucracy and continues to work with sectoral ministries in recipient governments and sectoral organisations in the international development community. The DFID institutional culture has also not changed, so the dominant values and ethos underpinning work may remain unaltered. Indeed, experience from the World Bank suggests that organisational restructuring helped cross-sectoral collaboration, but new teams that were formed remained tied to old departmental identities (King & McGrath 2000b). Crucially, internal structural change that doesn't match external ways of working may create difficulties for partnership working.

4.4.3 Core Team Working

The third way in which DFID has attempted to improve cross-sector policy and practice is through Core Team Working within the DFID Nepal office. The emphasis on cross-sectorality, cross-disciplinarity and joining-up does appear weaker within DFID Nepal documentation than in the policy documents from DFID London, yet, informally there are some cross-sectoral links being made at DFID Nepal. This may be partly due to the size of the office and the small number of staff for each sector that results in meetings usually comprising a mix of administrative and different sectoral staff. On this basis, multi-disciplinary meetings are usual practice and offer potential to enable and normalise more reciprocal cross-sectoral arrangements. This is equally true of other small sectoral offices and departments and is also relevant to small groups of local government staff at district-level in Nepal. DFID Nepal comments

“Advisors and Administrators in DFIDN work well together and benefit from many informal discussions which complement a lesser number of formal sessions. We do not wish to undervalue informal links in any way, nor to establish an overly bureaucratic regime” (DFID Nepal 2000b:1).

Within Core Team Working the skills mix of the teams is defined by the particular work remit, but includes a balance of skills as defined in the ‘Triangle of Skills’ model outlined earlier (DFID Nepal 2000b).

Having explored cross-sectoral connections at DFID, the following section outlines DFID’s approach to reproductive health and women’s education.

4.5 DFID’s Approach to Reproductive Health and Women’s Education

There are increasing calls in the UK for connectivity between the education and health sectors. Recent developments include government-led Health and Education Strategic Partnerships (HESPs) emphasising the need for these two sectors to be increasingly interconnected and coherent (Normington & Crisp 2003). There are also calls for greater connectivity between different sectoral research communities (Cabinet Office 1999; Jackson 2002; Kanbur 2002), demonstrated in the recent

Economic and Social Research Council (ESRC)/Medical Research Council (MRC) joint research funding initiative (MRC 2004). At DFID, McKendry & Anning argue “our education cadre accept that people can learn more easily when they are healthy; our health cadre accept that people stay healthy more easily when they are literate” (McKendry & Anning 2002:13).

However, this research was particularly interested in the strong links between reproductive health and women’s education, explored further in the next chapter. Within documents, DFID has stated its commitment to prioritising improvements in access to primary schooling, better quality education, and girls’ education (DFID 2003, 2001a, 2001e; Swainson et al 1998). However, Staudt (1998) argues that many international development agencies have become interested in girls’ education for instrumental reasons:

“...with efficient payoffs anticipated in other parts of their development missions. First and foremost is the well-documented relationship between years of female education and lower fertility rates” (Staudt 1998:86).

DFID has also stated their commitment to reproductive health and to reducing the dangers of pregnancy, increasing access to good quality contraception, and to reducing HIV and AIDS (DFID 2004b, 1999d). Zhang & Locke (2004) argue DFID is contributing substantially to international reproductive health policy. Indeed the White Paper in 1997 gave unprecedented attention to reproductive health (DFID 1997a; Zhang & Locke 2004). DFID argues

“reproductive health and rights remain high among DFID’s priorities because poor women have most to gain from better reproductive and sexual health, yet have the least access to good quality information and services” (DFID 2003a:52).

What is perhaps less clear, however, is evidence of DFID linking reproductive health and women’s education in departmental commitments. The department recognises the limitations of sectoral approaches:

“improvements in the reproductive health choices of poor people are of course inextricably linked to a wide range of determinants over which health sectors may have limited influence: gender, equality, social exclusion and poverty, education, harmful traditional practices and violence” (DFID 1999d:1).

However, the strong links specifically between reproductive health and education are poorly assimilated into DFID's documentation. There are examples of broad connections between health and education in a small number of documents. For example the education TSP refers to the importance of HIV links to education and DFID's HIV strategy links health and education very generally in the context of HIV (DFID 2001e, 2001L). Certainly, the devastating multiple impacts of HIV and AIDS have drawn attention to the need for more multi- and cross-sectoral responses (Commonwealth Secretariat 2002; DFID 2001a, DFID 2000b).

DFID is also making connections between literacy and health (DFID 2002m; Lillis 2002), although crucially messages about 'literacy across the sectors' mentioned earlier in this chapter, do not appear to have been adopted within non-education or non-literacy documents.

In 2005 the UK holds the presidency of the European Union (EU) and G8²⁰, and the UK government are prioritising conflict, HIV and girls' education as major themes. This may provide new opportunities for emphasis on girl's education and HIV but it remains to be seen if cross-sectoral approaches generally and specifically linking reproductive health and women's education will be further promoted or operationalised.

4.6 Conclusion

DFID is viewed by many authors as a successful department, but on the other hand, DFID has also faced criticism for being arrogant and too certain of knowing how to achieve successful development. At DFID London, there is extensive documentation calling for cross-sectoral approaches and broader collaboration. These documents, however, tend towards 'objective, scientific, acontextual knowledge' (McGrath 2002a), that juxtapose uneasily against cross-sectoral processes, which make tracking

²⁰ G8 Global Eight (Eight of the major industrial democracies that meet annually to deal with global economic and political issues - France, USA, UK, Germany, Japan, Italy, Canada and Russia)

and attributing spending to outcomes increasingly difficult and meaningless (DFID 2001L). King & McGrath emphasise that

“complexity, non-linearity and context become important concepts that point to the weaknesses of conventional development thinking and stress the need to eschew simple causalities and universally applicable theories” (King & McGrath 2000b:15).

Specific cross-sectoral calls are strongest within SL and internal documents at DFID, but these don't appear to have as high a profile or as much influence as the White Papers and the TSPs. Although strong calls for cross-sectorality have come from within gender discourse, this same level of support for cross-sectoral approaches was not so apparent within the few DFID documents specifically addressing gender (Derbyshire 2002; DFID 2000e). The current hierarchical bureaucratic structure of DFID may also undermine gender agendas and, in turn, cross-sectoral approaches. However, DFID London has taken a significant step in restructuring Policy Division and the new team configuration has created structural support and incentives with potential to improve cross-sectoral collaboration. At country-level, DFID Nepal documentation did not stress cross-sectoral approaches but the presence of documents referring to core team working alongside DFID-funded project documents that demonstrate cross-project collaboration are encouraging.

DFID remains accountable to many different stakeholders, and while Cohn-Bendit (2002) argues beneficiaries seem to receive low priority from donors generally, Staudt (1998) acknowledges the difficulty for bilateral development organisations to be both accountable to people in the donor and recipient countries. DFID faces a complex agenda, and it is easy to criticise its less than perfect attempts at development but it is more challenging to create realistic alternatives. DFID continues to face the challenge of managing its professional and experienced staff team effectively to ensure individual staff are not overloaded by challenging agendas and the quantity of information (DFID 2001a).

The following chapter explores the links between reproductive health and women's education more specifically, providing the research basis for calls for cross-sectoral links between reproductive health and women's education.

Chapter Five: Reproductive Health and Women's Education

The relationship between reproductive health and women's education is used in this study as an illustrative example to assess cross-sector policy and practice. This chapter presents the historical research background to the links between reproductive health and women's education. There is contention over interpretations of this research but there remains a well-documented strong association between reproductive health and women's education that is suggestive of both the need and the opportunity for cross-sector policy and practice. The links between reproductive health and women's education have been selectively interpreted by some researchers and policymakers, and a gap exists between the research and related policy. Arguments based on both reproductive health and women's education as means to achieving other ends have underpinned many programmes in these areas and are discussed in this chapter. Most commonly, education has been supported as a means to achieving fertility reduction, and reproductive health has been pursued as a means of improving women's participation in the market economy, so contributing to increased economic growth. These 'means to an end' approaches tend to overlook sexual and reproductive rights and the right to education. They may also weaken some of the possibilities for more in-depth engagement in cross-sectoral approaches. Finally, the strong reproductive health and women's education links are explored specifically in relation to cross-sectoral policy and practice.

5.1 Historical background

In the late eighteenth and early nineteenth century, the Reverend Thomas Malthus voiced concern that world food production would soon be exceeded by population growth (Malthus 1960 [1830]; [1798]; Sen 1999). Although this concern had a global focus, methods of alleviating the problem were specifically targeted at the developing world where increasing populations were viewed as a threat to global stability (Doyal & Pennell 1994). Paul Ehrlich fuelled the population debate with the publication of his book 'The Population Bomb' that included alarming predictions of failing to limit world population size (Ehrlich 1971). Ehrlich recognised the

importance of the environment in sustaining populations, but his solutions focused on birth rate reduction (Ehrlich 1971; Ehrlich et al 1973). Many policies since this time have aimed to achieve zero population growth through a 'replacement level' of fertility, where the total fertility rate equals two (Bongaarts & Bulatao 1999).

Overpopulation was, and still remains viewed as a major cause of poverty and instability in the developing world (Sen 1994). Reed (1978) noted in the late 1970s that while overseas budgets to aid the poor were falling, population budgets were rising, and most international aid was directed towards developing countries with the highest birth rates. The population lobby led a campaign that evoked fear in the name of overpopulation. The rising alarm regarding population pressure led to extreme population control measures being adopted including enforced sterilisations, coercion and the committing of many human rights abuses (Hartmann 1995; Quine 1996; Sen 1994). Indeed attempts to control world population size were largely tarnished by colonial and eugenic motivations (Hartmann 1995; Quine 1996). Whilst Nepal escaped some of the worst excesses of population control programmes carried out in neighbouring countries such as India and Bangladesh (Correa & Reichmann 1994; Hartmann 1995), the country was still influenced by regional South Asian population trends. Certainly many documents in Nepal, even today, retain population control rhetoric rather than emphasising reproductive choice and rights (ADB 2002b, 1999; HMGN 2002a; NFHP 2001; World Bank 1999).

Within 'population bomb' equations, births around the world are simply numbers to be calculated, and births from different parts of the world are treated equally, based on the myth of equal production, consumption, pollution and opportunity. Population control programmes largely ignore the massive inequalities within the distribution system of the world and what Gudorf (1996) describes as the 'superconsumption' of developed nations. Indeed, consumption and pollution rates in the West are far more environmentally stressful than in developing countries (DFID 2000a; Staudt 1998). Gudorf argues

"...each American child in her lifetime costs the earth as much as five to fifteen times more than do Indian children. When we consider individual use of water, waste production, and other measures of resource use, the environmental cost of an extra child

in the developed world is somewhere between seventy and two hundred times that of a child in the developing world" (Gudorf 1996:343).

Many global population control messages assume fertility reduction to be a desirable endpoint, ignoring the reality of many people's lives. Western population controllers are from countries where the costs and burden of children are considered high. On the other hand, in many developing countries with large populations, the value of children is correspondingly high and the opportunity costs of childbearing and childrearing for women are relatively low (Basu 1999; Bongaarts & Watkins 1996; Rostow 1960). Indeed both governments and individuals have attempted to raise fertility at times when a larger population was advantageous. For governments, the need for a growing workforce or army and surges in nationalism, have stimulated pro-natalist policies (Correa and Reichmann 1994; Quine 1996). On an individual basis, significant rates of infant mortality often lead women to bear more children than they would choose to bear if more of their offspring were likely to survive. Wynd (1996) also claims that in some societies women gain status by having more children where there are few other opportunities for enhancing their position.

Public opposition to population control coercion and increasing realisation of the interconnections between population control, reproductive health and development, led to changes in population discourse. Emphasis shifted from controlling populations to reproductive health, rights and choice. These changes were reflected and influenced by international conferences from the 1970s to the 1990s. The first International Conference on Population (ICP) in 1974, in Bucharest, was notable for criticism, from developing nations, of the United States' policy of promoting contraceptives rather than economic development. The Indian Health Minister at the time, Karan Singh, famously stated that 'development is the best contraceptive', recognising the need for broader socio-economic development as a route to fertility decline. Singh returned to the next ICP in Mexico in 1984, this time stating 'contraceptives are the best development', in response to developing countries' recognition of the continued need for family planning programmes (Ashford & Noble 1996; Kabeer 1994; Sen 1994; Singh 1992).

Success has been claimed for many large-scale population and fertility control programmes (Caldwell et al 1999; Mauldin 1983). However, this success has been questioned in the light of substantial evidence that family planning is needed, but equally important is broader development. Economic development, more equitable income distribution, a dominant health, education and social agenda, gender equality, and other broad societal factors have increasingly been recognised as important (Alexander 2000; Bok 1994; Caldwell 1986; Caldwell et al 1999; Cleland 1994; Ghai 2000; Jolly 1997; Mehrotra 1997a-b; Staudt 1998; Taylor et al 1997). Seddon argues

“there is abundant evidence...to suggest that improved security of livelihood and income together with reduced morbidity and mortality (particularly infant mortality) play a far more strategic role in reducing birth rates...in the long run than state managed programmes for population control” (Seddon 1993:149).

Staudt adds “when life is sustainable, people begin to lower their fertility whether their governments want them to or not” (Staudt 1998:140).

Recognition of this broader focus was reflected in the change of title for the International Conference for Population and Development (ICPD) in Cairo in 1994. The conference acknowledged the need for contraceptives but argued it was important not to pursue birth rate reduction above all else (Ashford & Noble 1996). After the ICPD, the contraceptive agenda began to be framed within a broader concept of sexual and reproductive health (SRH),²¹ women’s empowerment, choice and rights, within a context of improving socio-economic development and with

²¹ Despite the SRH agenda, sexual health and reproductive health often continue to be separated such as within the World Health Organisation definitions:

Sexual Health “...a state of physical, emotional, mental and social well-being related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled” (WHO 2004:1), and

Reproductive Health “...a state of physical, mental, and social well-being in all matters relating to the reproductive system at all stages of life. Reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so. Implicit in this are the rights of men and women to be informed and to have access to safe, effective, affordable, and acceptable methods of family planning of their choice, and the right to appropriate health-care services that enable women to safely go through pregnancy and childbirth” (WHO 2003:1).

implications far beyond the health sector (DeJong 2000; Singh 1998; United Nations 1995). There was increased emphasis on integrated programmes bringing together different elements of reproductive health including HIV (Lubben et al 2002; Mayhew 2000, 1996; Pillsbury et al 2000; Ravindran 1993; Singh 1998) and Justice (1989) notes that donor agencies in Nepal favoured integrating family planning into broader health and development programmes. Interestingly, the ICPD agenda framed calls for increased women's education within the importance of women's empowerment. On the other hand, the Millennium Development Goals (MDGs) have framed women's empowerment solely within women's education.

Historically, HIV policy and programming evolved separately from population control and reproductive health, but goals have become increasingly shared within the SRH and MDG agendas. The addition of 'sexual' to reproductive health terminology acknowledges that sex frequently has no reproductive intention or function and has added to the increasing separation of sex and childbirth from the institution of marriage, particularly in industrialised countries (Presser 2001). The term SRH includes both women and men's reproductive health.

Despite the new emphasis on the SRH agenda, international population control programmes have left a legacy in many developing countries of an over-reliance on family planning services that often prioritise a small selection of specific contraceptives (Sen 1994). This phenomenon was noted in Chapter One to have affected Nepal. These limited contraceptive services have been seen in some countries as the main method of addressing reproductive health. In some cases reproductive health gained greater priority than general health, leaving a number of countries with more family planning clinics than basic health centres (Hartmann 1995).

The strength of the SRH agenda challenges many previously narrow reproductive health approaches. The Nepali government and donors have demonstrated strong commitment to safer motherhood in Nepal as a consequence of the Global Safer Motherhood Initiative, launched in 1987 and that garnered widespread support for

safer motherhood (HMGN 2002d, 1998a; NSMP 2000, 1998b). The safer motherhood initiative led to significant concentration on a narrow maternal mortality reduction (MMR) agenda, and one that often stressed medical approaches to MMR. This narrow focus and the strong influence of the safer motherhood agenda continues alongside the SRH agenda, although DFID acknowledges

“the range and proximity of forces that influence maternal mortality and morbidity outcomes require concerted long-term and multi-sectoral efforts to tackle the wider determinants of women’s death and ill-health” (DFID 1997b:4).

Approximately 15-30% of maternal mortality worldwide is caused by the complications of unsafe abortion (Thonneau 2001). Provision of legal abortion services removes the need for women to access unregulated and often dangerous services and reduces maternal mortality rates. In Nepal, 20-60% of obstetric and gynaecological hospital admissions are abortion-related complications (Bonetti et al 2002). The legalisation of abortion in Nepal in 2002, alongside improvements to health services are likely to contribute to a more sustained impact on MMR (Basnet et al 2003; HMGN 2002e; NSMP 2002a). The change of abortion legislation is also likely to have a significant impact on the situation in Nepal’s prisons where most female prisoners are serving sentences of up to 20 years for being found guilty of aborting their foetuses (Center for Reproductive Rights 2004; CRLP/FWLD 2002; IDS 1985; Molesworth 2001).

The concentration on MMR within safer motherhood and SRH agendas is based on well-justified concerns: “maternal mortality is still the leading cause of death among women of reproductive age in most developing countries” (HMGN 1998b:2), and as DFID (2000a) reports “...more women die from pregnancy in India in a week than in the whole of Europe in a year” (DFID 2000a:34).

More recent international policies in the form of the Millennium Development Goals (MDGs) have retained a focus on MMR, although some authors remain sceptical whether new targets will have significant influence:

“sadly, today, 16 years after the launch of the Safe Motherhood Initiative, we are no closer to that goal of reducing maternal mortality by half. However, we do have a new goal (MDG 5) and the goalposts have been moved once more” (Fustukian et al 2003:21).

Unfortunately, somewhere in the transition between agreement of the International Development Targets and the Millennium Development Goals (see footnote 1, page 1), the specific target of increasing access to reproductive health services, was lost (DFID 1997a; UNDP 2000). However, all of the MDGs relate directly or indirectly to reproductive health and gender equality as envisaged in the broader SRH agenda, and women’s empowerment has been highlighted as particularly important for achieving reproductive health goals (Fustukian et al 2003; United Nations 1995). Despite this, McNicoll (2001) suggests it remains unclear whether global support for gender equity is stronger than the rhetoric of repeated declaration commitments.

Many population and safer motherhood programmes have been implemented over the top of, and without any recourse to, existing policies or practices, including traditional birth control methods such as birth-spacing (Caudill & Temple 1998; Hartmann 1995). Whatever their level of education, women are likely to attempt to reduce their family size from the maximum possible fertility level by whatever means are available to them, although Sen (1999) acknowledges that educated women are more able to prevent ‘over-frequent’ child-bearing. The new MDG agenda, whilst including agreement from developing nations, is seen as yet another externally imposed agenda by some authors (Fowler 2003; HMGN 2002b; ODC 2002a), and there remains a disjuncture between the legacy of population control rhetoric, the narrow maternal mortality agenda and the new broader sexual reproductive health rights and choice agenda.

Imposition of policies from outside a country or community increases the chance that policies are inappropriate, and externally imposed policies may threaten to undermine local traditions and culture (McPake 2000; Okuonzi & MacRae 1995; Walt 2000). Externally imposed policies also frequently fail to pay enough attention to the implementation context. Currently, perhaps one of the greatest challenges to providing access to effective SRH services in Nepal is the ongoing conflict outlined in Chapter One. Against this backdrop, cross-sectoral approaches between

reproductive health and other sectors may seem a luxury but on the other hand, cross-sector approaches may be the only feasible way of ensuring coherent service delivery in a complex conflict scenario.

Within the SRH agenda from the ICPD there are references to the key role of women's education linked to women's empowerment (Singh 1998; United Nations 1995). Connections between reproductive health and women's education have received substantial attention in research studies and provide evidence to strengthen the calls for cross-sector policy and practice between these areas. This research body is presented and discussed in more detail below.

5.2 The Relationship between Reproductive Health and Women's Education

This section presents the findings from research studies linking reproductive health and women's education. The relationship between these two issues is complex. Educational variables have been reported to have a relationship to desired and actual fertility (Pritchett 1994; Cleland & Jejeebhoy 1996); use of contraceptives (Bonetti et al 2002; Jeffrey & Jeffrey 1997; Stromquist 1997); age of marriage (Bhopal 1998; Cochrane 1983); conjugal closeness (Jejeebhoy 1995); maternal mortality (Hill & King 1993); infant mortality (Bown 1990; Pillsbury et al 2000; Thapa et al 2001); sex selection of children (Murthi et al 1995); HIV infection (Bennell et al 2003, Kelly 2000; UNAIDS 2000); demanding and accessing services (LeVine et al 1991; Thapa et al 2001); awareness of rights (Hill & King 1993); general health knowledge (Diamond et al 1999; Thapa et al 2001); and women's autonomy, empowerment and employment (Cleland et al 1996; Amin 1996).

Many studies focus specifically on women's, rather than men's, education links to reproductive health for a number of reasons. The education of both women and men impacts on their desired fertility (LeVine et al 1991) but the connections are far greater for women than for men even after adjusting for other influencing factors (Cochrane 1983; Jeffrey & Jeffrey 1997; Jejeebhoy 1995). LeVine et al (1991) found that the educational level of husbands has less influence on reproductive health

outcomes the more highly educated women become. Maloney et al (1981) found in Bangladesh that men have to be educated for longer than women to witness the same decrease in fertility. Hill & King (1993) reported that a wife's education has a greater impact on family welfare than a man's education, also claiming that "...failing to invest adequately in educating women can reduce the potential benefits of educating men" (Hill & King 1993:1). Women's education also impacts positively on men's life expectancy (Hill & King 1993) and is perceived to have a more significant impact on poverty and general development (Pillsbury et al 2000).

This concentration on the links between women's education and reproductive health raises some concerns that reproductive health may then be interpreted as relevant only to women and that women's health is equated with reproductive health (Doyal & Pennell 1994; Richey 2002; Shrestha et al 2001). This is not the intention in adopting such a specific focus within this research, but rather reflects the key focus on women within previous studies. Indeed, an emphasis on the cross-sectoral connections between reproductive health and women's education is inextricably linked to gender. Women's health and education are also inseparable from women's social relations with men, for example "research has consistently shown that contraceptive use is more prevalent and continuous when the husband approves of it..." (Hollerbach 1983:372).

There has been significant research space dedicated to exploring the links between reproductive health and women's education, leading one to postulate that perhaps greater clarity is needed rather than an abundance of new data. LeVine et al argue "the robust and widespread associations found between women's schooling and demographic variables are at once extremely familiar and persistently ambiguous" (LeVine et al 1991:459-460). Eloundou-Engyegue adds

"...the meaning of these associations remains elusive and may in fact have become more so over the years...even though data have become more available and research tools have sharpened, the conclusions derived from existing evidence have become increasingly qualified and tentative" (Eloundou-Engyegue 1999:301-302).

Indeed, the research studies are not straightforward, with different education and health variables making comparison between studies difficult and different cultural contexts may produce differences in the relationships between variables.

The complex variety of relationships between reproductive health and women's education is outlined in Table 5.1, and discussed below. Within Table 5.1, educational variables run horizontally and reproductive health variables run vertically. The numbers in the table correspond to research studies highlighting specific links identified during literature searches (see Key to Table 5.1 below). Literature searching methods were outlined in Chapter Two, but for this specific search the aim was to provide an overview of three main arguments that exist in the literature regarding reproductive health and women's education links: 1) that there is a link between reproductive health and women's education; 2) that this link depends on other confounding factors and; 3) that despite these confounding factors there remains a strong link between reproductive health and women's education. The literature search included many searches that incorporated different combinations of education and reproductive health variables presented in Table 5.1, for example 'maternal mortality and women's education', 'contraception use and literacy'. This is not a comprehensive list of all the studies linking reproductive health and women's education but rather intends to be a fair representation that includes some of the most influential studies and that illustrates the key linkages.

The research in Table 5.1 demonstrates some interesting patterns. There are substantial clusters of studies that have focused on particular education or reproductive health variables. For example, the majority of research employs the broad term 'women's education', as the educational variable. 'Education' and 'literacy' are often used synonymously (Bown 1990; Jeffrey & Basu 1996; Jeffrey & Jeffrey 1998; Robinson-Pant 2004, 2000). Where educational variables are not stipulated in research, drawing conclusions becomes complex and many authors resort to utilising 'catch-all' terms such as 'more-educated women' or 'women's education' in an attempt to encompass more variables.

Table 5.1 Research Connecting Reproductive Health and Women's Education

	Years of Education	Quality of Education	Literacy	Women's Education	Concrete to Conceptual Thinking	Women's Autonomy, Empowerment & Employment
Desired and Actual Fertility	9; 18; 19; 20; 28	13	11; 25; 33	2; 13; 19; 22; 25; 26; 28; 29; 32	20; 22	12; 20; 30
Contraceptive Use & Choice	11; 20		33	5; 15; 19; 20; 22; 26; 31; 32		
Age of Marriage, First Sexual Activity & First Childbirth	20			4; 10; 17; 19; 20; 26		
Conjugal closeness & negotiation of sexual practice	11; 20	14; 34; 36				31; 33
Maternal mortality				16		
Infant Mortality			6; 7; 25; 30	2; 7; 16; 17; 18; 20; 22; 26; 29; 32; 33		7
Sex selection	20; 25		30			
HIV				3; 21; 33; 34		
Demanding and accessing services			33	22; 37		
Awareness of rights				16; 35		
General health knowledge		12		24; 33		
Women's autonomy, empowerment & employment	8			1; 26; 33		

Key to Table 5.1 (See References section for full reference citations)

- | | |
|-------------------------------|--|
| 1. Amin (1996) | 20. Jejeebhoy (1995) |
| 2. Bellow & King (1993) | 21. Kelly (2000) |
| 3. Bennell et al (2003) | 22. LeVine et al (1991) |
| 4. Bhopal (1998) | 23. Llewellyn (1997) |
| 5. Bonetti et al (2002) | 24. Mehrotra (1997a) |
| 6. Bown (1990) | 25. Murthi et al (1995) |
| 7. Caldwell (1986) | 26. Pillsbury et al (2000) |
| 8. Cleland et al (1996) | 27. Population Reference Bureau (2000) |
| 9. Cleland & Jejeebhoy (1996) | 28. Pritchett (1994) |
| 10. Cochrane (1983) | 29. Schultz (1993) |
| 11. Cochrane (1979) | 30. Sen (1999) |
| 12. Diamond et al (1999) | 31. Shrestha (2000) |
| 13. Glewwe (1999) | 32. Stromquist (1997) |
| 14. Grunseit et al (1997) | 33. Thapa et al (2001) |
| 15. Hartmann (1995) | 34. UNAIDS (2000) |
| 16. Hill & King (1993) | 35. UNAIDS & UNICEF (2001) |
| 17. IDS (1999) | 36. Wellings et al (1995) |
| 18. Jeffrey & Basu (1996) | 37. World Bank (2001a) |
| 19. Jeffrey & Jeffrey (1997) | |

Research linking literacy to reproductive health tends to concentrate on formal types of literacy or broader references to schooling (Bown 1990; Maddox 2003). The widely used 'women's education' variable may also be partly explained by the health and demographic origins of many research studies. Health and demography specialists may have been less concerned to distinguish the educational variables than more specialised educational researchers.

There is a slightly more even distribution in the attention given to different reproductive health variables. However, there are some clusters of research around desired and actual fertility, contraceptive use, age of marriage and first childbirth, and infant mortality, while there are some areas such as links to maternal mortality that receive less attention. Those variables with fewer examples may be explained by the indirect nature of some of the relationships, for example the connection between education and maternal mortality being mediated by age of marriage and first childbirth or by women's autonomy.

Many studies have claimed strong relationships between reproductive health and women's education. However, the impact of women's education is difficult to separate from the growth of confidence, empowerment, employment and potential autonomy of women that are inter-linked with increased levels of education (Jeffrey & Jeffrey 1997; Jejeebhoy 1995; Vlassoff 1996). As Cleland et al report in relation to Bangladesh

"...exposure to formal schooling enhances the position of women by according them greater independence of movement and a greater role in domestic decisions. Moreover, these attributes all exert a strong influence on reproductive behaviour" (Cleland et al 1996:217).

Education is thought to enable women to challenge their traditional roles, to move around more freely in public and to have more choice over changes in their lives (Amin 1996; Pillsbury et al 2000). Increased autonomy may enable girls to express and act on their desire for lower fertility (Jeffrey & Jeffrey 1997). Jejeebhoy argues

"...in almost every known social setting, regardless of region, culture, or level of development, the best educated women bear fewer children than uneducated women do.

Also, in almost every setting where it has been studied, the impact of female education on fertility is genuine; it cannot be explained by the fact that educated women marry better educated men or come from wealthier households" (Jejeebhoy 1995:177).

Educated women generally demonstrate a lower desired and actual fertility level than their less educated counterparts (HMGN 2002d; Jeffrey & Jeffrey 1997; LeVine et al 1991; Pillsbury et al 2000; Population Reference Bureau 2000; Pritchett 1996; Stromquist 1997). Educated women are more likely to resent the burden of repeated pregnancies, particularly where they have alternative sources of fulfilment and status enhancement, other than through reproductive performance (Murthi et al 1995). Easterlin (1983) describes the impact of education on women's changing perceptions of childbearing in economic terms of demand and supply and of costs and benefits. There are potentially high opportunity costs for educated women in having children, as their own schooling leads them to re-conceptualise childcare as a labour-intensive task requiring a greater investment of time, particularly in the extra attention they give children in their pre-school years. The perceived costs of educating children may also lead to a reduction in desired fertility (Caldwell 1982). There are therefore, incentives for educated women to minimise time-intensive activities such as child bearing and rearing, and educated women's willingness to bear more than a few children reduces (LeVine et al 1991; Murthi et al 1995).

Educated women are more likely to adopt the use of modern contraceptives (Bonetti et al 2002; Jeffrey & Jeffrey 1997; LeVine et al 1991; Pillsbury et al 2000; Population Reference Bureau 2000; Shrestha 2000; Stromquist 1997). Indeed, Jejeebhoy (1995) argues the relationship between women's education and contraceptive use is direct and consistent. UNAIDS (2000) found that young people with more education were far more likely to use condoms for casual sex, and that even a few years of schooling for girls led to a rise in condom use. This increased condom use impacts on fertility, HIV and other sexually transmitted infections. Indeed several studies claim that more educated individuals are more able to use preventive measures and are less likely to become infected with HIV (Bennell et al 2003; Thapa et al 2001). Education enables women to demand services and to question service providers about alternative contraceptive methods and potential side-effects. They are also more likely to seek follow-up for problems associated

with contraception, more likely to choose a contraceptive more suited to their needs and be less likely to discontinue using it (Jejeebhoy 1995). More educated women have higher rates of selecting and utilising barrier methods with fewer side effects (Hartmann 1995). Shrestha (2000) reports that the single strongest predictor of current contraception use is inter-spousal communication, and there is some evidence that more educated women have closer conjugal relationships (Jeffrey & Jeffrey 1997). This conjugal closeness may lead to more effective communication within sexual relationships enabling negotiation over issues such as desired fertility, important where men frequently desire a larger family than women (Vaughan & Abouzahr 2000).

Women that are more educated tend to marry later (Bhopal 1998; Cochrane 1983; Jeffrey & Jeffrey 1997; Pillsbury et al 2000). Indeed, Jejeebhoy (1995) notes that marriage age rises as a result of women's education, irrespective of a country's overall level of development or existing gender disparities. Women who marry later are more likely to have their first child later and stop having children when they are younger, leading to a shorter 'fertile period' and the likelihood of lower fertility over their lifetime than their uneducated counterparts (Jeffrey & Jeffrey 1997). Maternal mortality rates are also strongly linked to age of marriage, as maternal mortality is higher for younger women. IDS (1999) state that "...girls aged 15-19 are up to twice as likely to die during pregnancy or delivery as women age 20-34; those under 15 are five times as likely to die" (IDS 1999:11).

From this literature it is apparent that education is capable of delaying first childbirth and therefore potentially reducing maternal mortality. The link between women's education and maternal mortality and morbidity is indirect (IDS 1999; Oxaal & Baden 1996). However, Hill & King (1993) argue higher levels of women's education alongside gender equality between girls' and boys' school enrolment is associated with lower maternal mortality.

Inextricably linked to maternal mortality is infant mortality. The death of an infant's mother is the biggest single risk factor for infant mortality (DFID 2002L). More

educated women's likelihood of later first childbirth is significant, as IDS (1999) report "...children born to adolescents are more likely to die during their first five years of life than those born to women aged 20-29" (IDS 1999:11). Lower infant mortality enables couples to reduce the total number of children they have in order to achieve their desired family size (Murthi et al 1995). This in turn reduces the prevalence of childbirth needed to achieve desired family size. One of the strongest and most consistent relationships demonstrated in the research, is that between women's education and reduced infant mortality, and between women's literacy and reduced infant mortality (Bellow & King 1993; Cleland 2002; IDS 1999; Jeffrey & Basu 1996; LeVine et al 1991; Lillis 2002; Llewellyn 1997; Murthi et al 1995; Pillsbury et al 2000; Stromquist 1997; Thapa et al 2001). A woman's education has a stronger effect on child survival than other influences such as men's education or household economic status (Jejeebhoy 1995). Bown (1990) found in relation to women's literacy more specifically:

"in a sample of women in rural Sierra Leone, 70% of the non-literate had experienced the deaths of children under two years old, while 45% of the literate had had such an experience...every additional year of a mother's schooling is associated with a fall of nine per 1000 in the infant mortality rate" (Bown 1990:28).

More educated women also demonstrate lower rates of sex selection than their less educated counterparts (Jejeebhoy 1995; Murthi et al 1995), impacting directly on infant mortality. Murthi et al's study demonstrated women's education has a stronger effect than men's education on sex selection. These findings are particularly significant for Nepal and other parts of South Asia, where there is a strong bias in favour of male children (Bista 1991; Justice 1989; Molesworth 2001). In Nepal, where abortion has recently been legalised, there are concerns that low levels of women's education and strong cultural and religious preference for boys may lead to sex selective use of access to abortion (Rai G 2002).

More educated women have healthier and better-educated children (Bellow & King 1993). Educated women are more likely to seek help sooner if their children are sick (Hill & King 1993; LeVine et al 1991), and where women are literate they can read instructions on medicines and on health education materials. More educated women tend to have fewer children and can therefore dedicate more time to each child they

have. Thapa et al (2001) also report educated women more frequently access ante-natal care.

Both women's and men's education is positively correlated with increased utilisation of all health services (LeVine et al 1991; World Bank 2001a). More educated women are also more aware of their rights, including their reproductive rights (Hill & King 1993; UNAIDS & UNICEF 2001). Indeed, the knowledge, skills, attitudes and values that girls gain during their education have been reported to result in beneficial health impacts for the individual, the family and also for broader society (Gonzales et al 1999; Stromquist 1997).

5.2.1 Confounding Factors

Despite all of these reports of strong connections between reproductive health and women's education, there have been other researchers who have emphasised the complexity of the relationship. A number of studies have highlighted that the impact of women's education on fertility and health depends upon the number of years of schooling completed by women (Jejeebhoy 1995; Pritchett 1996). Cleland & Jejeebhoy (1996) argue that there is a 'threshold' number of years of schooling needed in order for fertility to decline and this 'threshold' number of years varies depending on societal conditions. IDS report "...research in Nigeria showed that only 7% of women with seven years of schooling gave birth before age 20, compared to 43% of women with no education" (IDS 1999:11). Jejeebhoy argues

"...in the least literate, poorest, and most inequalitarian settings, a 10 per cent or greater decline in desired family size is observed when women attain four to six years schooling, whereas it takes only one to three years of schooling to produce this effect in the high income and most egalitarian settings..." (Jejeebhoy 1995:182).

Jejeebhoy (1995) states that girls' education that falls below the threshold number of years necessary to result in lower fertility may have the opposite effect of increasing fertility. This is supported by Diamond et al who argue "the underlying pattern most commonly shows a negative relationship, although positive relationships at very low and very high levels of schooling have been demonstrated" (Diamond et al 1999:23).

Another key concern with claiming strong relationships between reproductive health and women's education focuses on the non-standardised nature of schooling and education, where quality varies considerably (Jeffrey & Jeffrey 1997). Where teaching quality is poor, textbooks are dated, curriculum content irrelevant to children's needs, submissive respect to teachers dominates, and there is an over-reliance on rote learning rather than learning of skills and problem-solving, it is easy to be sceptical of the value of more years of these forms of schooling so widespread in South Asia (Jeffrey & Basu 1996; Jeffrey & Jeffrey 1998). Jeffrey & Basu claim that this kind of schooling may be as likely to decrease as it is to increase self-confidence among girls. Indeed, a school may not actively address gender inequalities but may, in fact, reinforce existing values that subordinate women (Lloyd & Mensch 1999). Discriminatory attitudes towards women in society may be underlined rather than challenged within education systems where educational materials are sexist and fail to question the dominant position of men in society (Staudt 1998). Jeffrey & Jeffrey argue

“the problems of schooling for girls in India will not be solved by more schools that are much the same as the existing ones: we must argue for improved quality, for schools that open minds rather than close them...” (Jeffrey & Jeffrey 1997:256).

Glewwe (1999) reports that little research understands how school quality affects fertility, although Diamond et al (1999) acknowledge the quality of schooling varies but maintain that schooling is still valuable.

With quality variable, it cannot be taken for granted that schooling of girls will have the effect of increasing empowerment because many educated women remain subordinate, while others who remain uneducated demonstrate a high degree of autonomy and control over decision-making (Bledsoe et al 1999; Jeffrey & Basu 1996; Jeffrey & Jeffrey 1996). As Jeffrey & Jeffrey argue “girls’ schooling can lead to women’s empowerment only when class, community and gender politics are changed to make this possible” (Jeffrey & Jeffrey 1997:255-256). Jeffrey & Jeffrey reiterate this message in later work when they also report “...our research...has made us doubt that girls’ schooling is necessarily empowering” (Jeffrey & Jeffrey 1998:12). Jejeebhoy & Sathar (2001) add

“...traditional factors conferring authority on women – age, marital duration, number of surviving sons, nuclear family residence, and dowry – have a more powerful effect on women’s autonomy in Uttar Pradesh and Punjab...settings with wider disparities, than in Tamil Nadu, where gender relations are more egalitarian. In contrast in Tamil Nadu, education (even a primary education) plays a prominent role in enhancing almost every dimension of autonomy” (Jejeebhoy & Sathar 2001:705).

This work by Jejeebhoy & Sathar and many of the other concerns regarding the relationship between reproductive health and women’s education highlight the wider societal co-determinants that influence outcomes. Diamond et al (1999) argue that the strength of family planning programmes, employment opportunities for women and the presence or absence of mass education all strongly influence fertility. Indeed, Jeffrey & Jeffrey report that “despite the strength of the orthodox position, we remain sceptical. It is very hard to specify the causal chains by which schooling can plausibly have the results claimed for it” (Jeffrey & Jeffrey 1997:171).

Nevertheless, despite these complex co-determinants and cautionary statements, many authors remain convinced of the strong association between reproductive health and women’s education: “the statistical relationship between female schooling and fertility remains strong even after controlling for factors which might seem to complicate the issue” (Jeffrey & Basu 1996:15). Girls still appear to demonstrate reproductive health benefits even after poor quality schooling (Jejeebhoy 1995; LeVine et al 1991; Lloyd & Mensch 1999). Several authors suggest that even poor quality schooling produces a major shift in an individual’s ability to think conceptually as well as concretely (Cleland 2002; Diamond et al 1999; LeVine et al 1991). Jejeebhoy argues:

“the time spent in school...teaches them new ideas, leads them to question traditional authority structures, and changes their aspirations, irrespective of quality. The longer and more intensive the exposure to education, the greater is the change in outlook” (Jejeebhoy 1995:4).

LeVine et al (1991) explain further

“formal education everywhere, regardless of its quality, entails the presence of an adult whose role is entirely instructional, talking to children, often in a formal language they have to learn to understand. For girls in rural areas of countries where mass schooling is still a relatively recent innovation, this model of social interaction between an adult and

children, stands in contrast to their previous experience, and over time it reshapes their skills and preferences in social communication. They acquire in school and retain in adulthood skills in literacy and decontextualised language providing access to distant sources of information and institutionalised health care. Identifying with role of pupil, they continue to seek useful knowledge wherever they can find it; identifying with the role of teacher, they are verbally responsive to their children during infancy and after. A new kind of mother – child relationship is built around reciprocal verbal interaction, one which helps monitor the needs of their preschool children but which also demands so much of their attention that fertility control becomes imperative. Their children grow up better prepared for school, equipped with verbal skills and with a new set of expectations concerning family life, fertility, parent – child relations and health care. Thus women's attendance at school initiates a cumulative process over the generations that contributes to the demographic transition" (LeVine et al 1991:492).

Despite the persistence of contention over the nature of relationships between reproductive health and women's education variables, education continues to be viewed by many as the key to sustainable reproductive health, women's empowerment and general health and development outcomes. The following section explores further the ways in which the research has been interpreted.

5.3 Interpretations of the Research

The confusion caused by the number of different variables, co-determinants, settings and contexts for the research is matched by the level of confusion created by researchers and writers drawing conclusions that have often not been strictly based on the evidence. One of the most frequently raised concerns is that causative relationships have been claimed where the original research highlights only a correlation (Cleland 2002; Jeffrey & Jeffrey 1997; Robinson-Pant 2004, 2000). Interpretations that imply direct causality often misrepresent the inter-relationships between variables and their strong dependence upon co-existing contextual factors (Thomas 1999). Many of the relationships between women's education and reproductive health are difficult to separate from education-related gains in autonomy, empowerment and employment, and these gains are also not guaranteed or straightforward. Carter stresses "...it seems likely that education influences fertility (and mortality) through a variety of combinations of links, not just one" (Carter 1999:74).

The quantitative nature of many of the research studies has provided substantial and useful knowledge regarding the correlative relationships between women's education

and reproductive health. However more qualitative contextual data and information providing greater understanding of women and men's own rationale for their choices in health and education have not received much attention (Robinson-Pant 2004). Two key issues emerge regarding the interpretation of reproductive health and women's education research: the gap between research and policy, and the dominance of 'means to ends' interpretations of the research. These issues are outlined in the following two sections.

5.3.1 The Research-to-Policy Gap

The quantitative bias and causality claims associated with this research body have perhaps suited the motivations of some policymakers who have selectively interpreted the research to suit their own ends. As McGrath notes in relation to DFID

"...knowledge is typically used to support existing policy views rather than to revise them...There is a strong sense that DFID already have a vision...and that evidence was then marshalled to support this vision. The frequent references to advocacy...should lead us to expect that knowledge is being deployed to add power to an argument rather than to establish what priorities should be" (McGrath 2002a:10).

This particular view of research utilisation at DFID relates to a wider challenge of ensuring policy is evidence based, an issue of growing concern domestically and internationally (Bullock et al 2001; Cabinet Office 1999; DFID 2004a; National Audit Office 2001). For example, the USA's refusal to fund global reproductive health activities that include any reference to abortion is a selective interpretation of SRH agendas and MMR research. This suits America's Bush administration and the neo-conservative US electorate but simultaneously contributes to a rise in global maternal mortality (Browne 2001; Center for Reproductive Rights 2003; Crane & Dusenberry 2004). In the light of Bush's re-election in 2004, US policy relating to abortion seems likely to continue to detrimentally affect international maternal mortality rates for some time to come.

Broader SRH agendas supported at the ICPD in Cairo have had limited influence on some policymakers. There have been significant challenges to operationalising the ICPD Plan of Action including insufficient financial and human resources, and institutional and contextual barriers (DeJong 2000; Singh 1998). Indeed, the Nepal

Reproductive Health Strategy has adapted in an attempt to facilitate the ICPD Plan of Action (Bonetti et al 2002) but GTZ (2001) questions

“...how do you bring Cairo home in an area that is so remote that even government health personnel are reluctant to stay there for any length of time, and reaching the district hospital requires several hours walk uphill? Yet, here the need was greatest, maternal mortality highest and assisted deliveries unheard of because there was no doctor at the hospital...only one midwife in the entire district covering a population of 230,000. In addition, traditional beliefs and practices that negatively influence reproductive health still prevailed and the status of women was lower than that of animals” (GTZ 2001:1).

Several Nepali Government documents include mention of the need for improved links between ministries including health and education (HMGN 2002d, 1999, 1998a, 1998c). However, a narrow focus on MMR, emergency obstetric care (EOC) and on contraceptive supplies dominates government documents and discourse. In Nepal, neither government nor DFID documentation demonstrated evidence of a reorientation of policy in response to the SRH agenda or appeared to recognise that broader development requires cross-sectoral synergies between health and education (Mehrotra 1997b). There is a gap between the research on reproductive health and women's education and any policies linking these areas.

The strong relationship between reproductive health and women's education has led some authors to argue for family planning resources to be re-diverted into the education sector (Jejeebhoy 1995). However, women's education may take 20 years before impacts on fertility decline are visible in a cross-section of a country's population (Bown 1990; Cleland 2002). Nevertheless, a long-term consistent approach to investing in health, education and broad development goals is likely to result in more sustainable health and social development benefits (Mehrotra 1997a; Taylor et al 1997). Indeed Caldwell (1986) emphasised the key synergies that could result from consistent support for both health and education leading to impacts greater than the sum of the parts. Planners and policymakers under pressure to produce results quickly may find this research simply too long-acting and complex, and the research has rarely become an integral part of national policies (Bellow & King 1993).

More generally, the impact of research on policy and practice tends to be indirect, and ensuring that policy is informed by research is a substantial challenge where policymakers and researchers are often separated (Hanney et al 2003; Kingdon 1984; McGrath 2002a; Sadana et al 2004). The challenge faced in bridging the reproductive health and women's education research-to-policy gap is matched by the existing challenge of bridging the policy-to-implementation gap. The focus on reproductive health and women's education within this research offers an opportunity to assess the extent to which DFID policies are based on the research evidence linking these two areas. In addition, the focus on cross-sector reproductive health and women's education creates an opportunity to assess the extent to which DFID is operationalising its calls for cross-sector policy and practice more generally.

However, it cannot be claimed that the reproductive health and women's education research has had no influence on policy. One of the major impacts of the research has been the strength of arguments supporting education and reproductive health on the basis of achieving other ends.

5.3.2 Means or Ends Debates

A number of different means to ends arguments have dominated the reproductive health and women's education discourse. The most common are women's education as a means to decreased fertility, women's education as a means to population control and indirectly as a means to economic growth, and women's education (and occasionally reproductive health) as a means to broader development outcomes.

As mentioned earlier, population control rhetoric persists in Nepal, and Nepali Government and some donor documents contain statements about a 'population problem' (ADB 2002b, 1999; HMGN 2002a; NFHP 2001). The World Bank insists that population growth continues to be a major constraint for Nepal's development and that it threatens the gains from other development efforts (Seddon 1993; World Bank 1999). However, to blame Nepal's poor development on population growth is an over-simplification of Nepal's complex development situation (Seddon 1993). Jeffrey & Jeffrey (1997) suggest that economists at the World Bank and patriarchal

politicians are influenced by the Malthusian population control discourse and may not see girls' schooling and empowerment as priority areas in themselves unless they have the potential to reduce fertility that, in turn, is thought to increase economic growth. Indeed, it is interesting to note that several key research studies linking reproductive health and women's education were supported by the World Bank and were therefore strongly motivated by the potential economic benefits from decreasing population growth (Cochrane 1979; Hill & King 1993; Robinson-Pant 2004). These economic motivations continue and one Nepali Government document calls for women's education on the basis of potential increased earnings (HMGN 1998a).

In terms of broader development ends, poor people's participation in development, including modern political systems, and increasing trends towards partnership working involving development beneficiaries, rely on education and literacy improvements among stakeholders (Bown 1990). In Nepal many people without literacy skills have been excluded from the benefits of development (Lillis 2002; Pradhan et al 2002). In order to achieve successful social integration and development of socially excluded groups including women, equal access to education is essential (Tuladhar 1998; Yamashita & Yamashita 2000). It is widely recognised that education and literacy, particularly for girls, play a key role in achieving general sustainable development and poverty reduction (Derbyshire 2002; Lillis 2002; Llewellyn 1997; Robinson-Pant 2000; Swainson et al 1998; Thapa et al 2001; World Education 2002; Wroe & Doney 2003). Some studies caution against arguing that those with low literacy levels cannot participate in development (Maddox 2001; Neil & Chitrakar 2000). On the other hand, DFID maintains that without a basic level of literacy, all other development initiatives will be jeopardised (DFID 2002m). DFID argues that "education of girls is probably the single most effective investment in development that any country can make" (DFID 2000a:36) and Wroe & Doney add "...study after study recognises there is no tool more effective in development than the education of girls" (Wroe & Doney 2003:3).

Nevertheless, there is a danger in seeing education solely as a means to achieving development, health, reproductive health or population control ends. This focus on ends may lead to education as an end in itself being overlooked (DFID 2002m; Population Reference Bureau 2000). Although DFID suggests

“...the body of research and evaluation of literacy work in recent years has shown that literacy initiatives generally work far better when integrated into other development activities. In other words as a means to an end, rather than as an end in itself” (DFID 2002m:6).

One of the strongest voices against the ‘means to ends’ arguments comes from rights discourse (Murthy et al 2002; United Nations 1995). Rights-based approaches within the development field stress education as a key individual right independent of potential health, social or economic gains to society (Population Reference Bureau 2000; Tomasevski 2003). Glewwe highlights that for policymakers “...one must bear in mind that fertility reduction is only one of many different schooling outcomes to be considered...” (Glewwe 1999:132). Rights-based arguments face a number of challenges, however, in reconciling concurrent calls for different rights that may not always be mutually supportive or achievable (Coicaud 2003; DFID 2000f). Nevertheless, the need for greater priority to be given to social rather than economic development goals suggest rights-based approaches form an important part of a comprehensive development agenda (Eyben 1998).

Robinson-Pant (2004, 2000) suggests concentration on fertility in development programmes gives an indication of how development is being defined. Staudt (1998) supports this idea, arguing that increased interest in girls’ education has often been based solely on the expectation of benefits in the form of lower fertility. In order to change what is predominantly an economic agenda, Robinson-Pant argues that

“the link between women’s literacy, gender and development needs to be seen not as a passive equation that planners can somehow calculate, but a dynamic process in which local women also begin to influence how that link is perceived by planners” (Robinson-Pant 2000:162).

The ‘means to ends’ arguments also face other challenges. Arguing for education purely on the basis of health benefits creates difficulties for the health sector in

pursuing education improvements over which it has little control and, yet, which have enormous interdependence with health outcomes. The health sector cannot achieve or influence all the factors such as gender equality, social exclusion and poverty that may be crucial to desired health outcomes (DFID 1999d). On the other hand, the education sector cannot achieve or control all the factors influencing desired education outcomes alone.

Despite the criticism of population control rationale for women's education, Richey (2002) claims that without the urgency of the population 'bomb' rhetoric, international money for education and reproductive health would not have been so forthcoming. However, the SRH agenda that has gathered support on the basis of means to ends arguments faces new challenges in reconciling the continued promotion of contraceptives and population control with pursuit of the choice and rights agendas. The persistence of the population control agenda is also inconsistent with rapid global population ageing and population decline due to, for example, HIV and AIDS (Lutz & Sanderson 2004; Richey 2002).

The 'means to ends' arguments could support a cross-sector agenda where education and health are encouraged to work together towards beneficial outcomes. However, means to ends arguments tend to be one-way and lack the crucial element of reciprocity that distinguishes cross-sectoral approaches. Therefore they may lead more frequently to multi-sectoral responses and one-sided linkages, that although including both health and education inputs, tend to result in the persistence of sectoral working. More cross-sector approaches to reproductive health and women's education are discussed in the next section.

5.4 Cross-sector Approaches to Reproductive Health and Women's Education

Health and education are both traditionally viewed as less cross-cutting than some other sectors such as social development. More specifically, reproductive health and women's education are frequently interpreted as 'belonging' to the health and education sectors respectively. The terms 'reproductive health' and 'women's

education' both have a specific sector within their name and this may contribute to the sense of sectoral 'belonging'. Indeed, debates continue over which sector 'health education' belongs to.

Lessons from the research studies previously outlined, support the view that specific health gains and broader overall social development relies upon synergy between education and health as well as other sectoral inputs (Caldwell 1986; Mehrotra 1997b). Studies of successful social development experiences emphasise the importance of the proportion of national investment in education and health (Ghai 2000; Mehrotra 1997b) and Taylor et al emphasise "...without an investment in basic education, even the benefits of health investment will not be as rapidly realized" (Taylor et al 1997). These studies imply the need for broader societal cross-sectoral connections between education, health and other sectors.

The need for connections between health and education and specifically between reproductive health and women's education are only partially reflected within the current MDG agenda. Despite significant international commitment to education and health, and to women's education and reproductive health, much support remains sectorally focused. The cross-sectoral nature of the MDGs has, however, been acknowledged (United Nations General Assembly 2001) and the cross-sectoral nature of the targets may contribute to progressing the argument for broader and more comprehensive approaches to development. Indeed, the process of critical reflection throughout this research led to progress of the argument through a growing realisation of the need for broader conceptualisation of cross-sectoral approaches. This research commenced with an awareness of the strong women's education impacts on reproductive health that reflected my reproductive health background and greater knowledge of the research studies highlighting these one-way links. However, the process of undertaking the research and reflection on the process led to increasing recognition of the importance of cross-sectoral links being fostered on more than simply the basis of 'means to ends' arguments.

Despite the complexity of the relationships, strong connections remain between reproductive health and women's education that are both suggestive and supportive of different levels of cross-sector policy and practice. Cross-sectoral approaches to reproductive health and women's education need to utilise the knowledge and lessons from means to ends arguments but they also need to re-emphasise the importance of rights-based agendas and overall development goals. Each element of literacy or maternal mortality reduction needs to be treated as an essential ingredient in broader overall development (Bown 1990). In this way, issues don't automatically 'belong' to sectors as DFID notes "...MMR is not primarily a health issue..." (DFID 2002L:7/2), and key health determinants are found outside the health sector (Fustukian et al 2003). Mehrotra also argues

"health is not simply a 'sector', a responsibility of the health ministry alone; it must be an explicit goal to be achieved through all sectors with mass participation of the citizens – through education, better nutrition, and national and local community leadership" (Mehrotra 1997a:65).

Prioritising 'means to ends' arguments has frequently led planners to expect specific outcomes from their interventions. Indeed, pursuit of women's education has often masked hidden agendas behind the apparently altruistic pursuit of education. For example, Hartmann (1995) questions whether there would be the same support for education if women used their increased autonomy to choose to have larger families, or as Fiedrich & Jellema (2003) note in relation to improved literacy outcomes:

"along the way, what was intended as a vehicle for emancipation and liberation often turned into a vehicle for domestication. Rather than challenging the world as it is, women sought ways of adapting themselves better to its hierarchies. Rather than overturning established gender relations, women sought to impress their men with new housewifely skills, their mastery of polite feminine ways" (Fiedrich & Jellema 2003:175).

Similarly, one respondent in this research suggested "...it is the choice of people when they become literate, how they want to use that. And if they want to...read the Qur'an, that's their choice" [INT 14 DNPS].²² These concerns mirror discussion within health education discourse that argues accurate health information may be given to someone to enable them to make an informed choice but they may choose to use their new knowledge or skills to make 'unhealthy' choices (De Koning & Martin

²² For a complete breakdown of respondents' position within and in relation to DFID see Appendix F.

1996; Robinson-Pant 2004; Seedhouse 2004; Tones & Green 2004). Choice, 'freedom' and rights approaches include choice, freedom and the right to follow directions that planners and policymakers may deem undesirable.

Nevertheless, some excellent health education and health-related literacy programmes are documented to be taking place in Nepal. HEAL (Health Education and Adult Literacy) and REFLECT (Regenerated Freirean Literacy through Empowering Community Techniques) programmes have been reported to be particularly successful (Smith 1994; Subasi 2001; World Education 2002). These programmes make good connections between reproductive health and women's education through emphasis on the empowering processes of education and literacy. However, they are acknowledged to be cost and time intensive programmes (Subasi 2001). On the other hand the Nepal Safer Motherhood Project (NSMP) has included safe motherhood and health information within existing non-formal education classes. This reduced the need for the project to duplicate work by setting up new health education classes (NSMP 2002a). It also eliminates the possible double burden for local people needing to attend separate literacy and health classes. There have been many other reproductive health and women's education initiatives undertaken by DFID-funded projects, other donors and by the Nepali Government that have adopted varying degrees of cross-sectorality. Many of these are outlined in the reproductive health and women's education findings in Chapter Seven. Although the NSMP education initiatives may not be as intensive or empowering as the REFLECT or HEAL programmes, they and other similar programmes, remain valuable attempts at linking reproductive health and women's education in Nepal.

The variety of different relationships between reproductive health and women's education outlined in the research suggests that cross-sector policy and practice between these areas could adopt many different levels of engagement. The level of cross-sectoral engagement for any particular reproductive health and women's education initiative will, as in any cross-sector activity, be influenced by many contextual factors such as available time, level of management support and individual motivation.

Although there are some good examples of reproductive health education in Nepal, policy-level calls for cross-sector reproductive health and women's education within documents are few and appear to lack significant commitment. Improving the links between reproductive health and women's education may demand increased or reallocated resources and as stated previously, finding more resources has been problematic for the ICPD Plan of Action that includes a focus on women's education.

5.5 Conclusion

DFID's stated commitments to reproductive health, to women's education and to cross-sector policy and practice suggest the research evidence in this chapter provides a useful example of a key relationship between the sectors to explore cross-sector policy and practice at DFID. Indeed, as previously stated, the links between reproductive health and women's education are broad and varied and both suggest and support a variety of different levels of cross-sectoral engagement between health, education and other sectors.

However, the research relationships between reproductive health and women's education have often been interpreted as causative rather than correlative. Research has also been selectively interpreted to suit policymakers' desired population control and economic growth ends. Population control rhetoric persists within some Nepali Government and donor documents 10 years after ICPD's call for a broader SRH rights and choices agenda. Jeffrey & Jeffrey (1998) comment that they

“...suspect a hijacking of feminist vocabulary that masks a fundamentally unchanged population control agenda and that engages with girls' education only as a means to an end” (Jeffrey & Jeffrey 1998:14).

The dominance of 'means to ends' arguments has led to some elements of reproductive health and women's education relationships being overlooked. Yet, these arguments have been important in supporting women's education and reproductive health programming and financing. Therefore, although there are

concerns about economic motivations, these 'means to ends' arguments also support collaboration.

Sustained government investment for women's education remains important (Cleland 1986; Jejeebhoy 1995; Mehrotra 1997a-b) but education, or any other single policy, is not a panacea (Cleland & Jejeebhoy 1996; Jeffrey & Jeffrey 1998), Stromquist argues that

"education alone will not solve the problems of the world but it will make a significant contribution towards their solution. The condition of girls' and women's education is deeply linked to the condition of their societies" (Stromquist 1997:88).

The important lesson from the valuable and substantial research on the relationship between reproductive health and women's education is that this investment in women's education should not be isolated from other important contributors to poverty alleviation and broader development. Caldwell (1986) and Taylor et al (1997) continue to stress the primary importance of education, but alongside other health and social sector investments

"...we also re-emphasize the interactive effects of health and education investments. In fact without an investment in basic education, even the benefits of health investment will not be as rapidly realized...our case studies imply that policy-makers must take advantage of the potential synergies between investments in education, safe water, sanitation, nutrition, and health in order to maximise the level of social development achievable with their given resources and constraints" (Taylor et al 1997:457-458)

There is agreement that there is a strong but complex relationship between reproductive health and women's education, although this relationship highlighted by the research does not appear to have significantly influenced policy. In order for DFID and the international development community to reach the MDGs, the full range of relationships supporting improved reproductive health, women's education, development, human rights and poverty outcomes will need to be harnessed.

The following two chapters outline the findings in this research that attempt to answer research question one 'is there evidence of cross-sector policy and practice at DFID?' (Chapter Six), and question two 'is there evidence of cross-sector policy and

practice between reproductive health and women's education at DFID?' (Chapter Seven).

Chapter Six: Cross-sector Policy and Practice at DFID

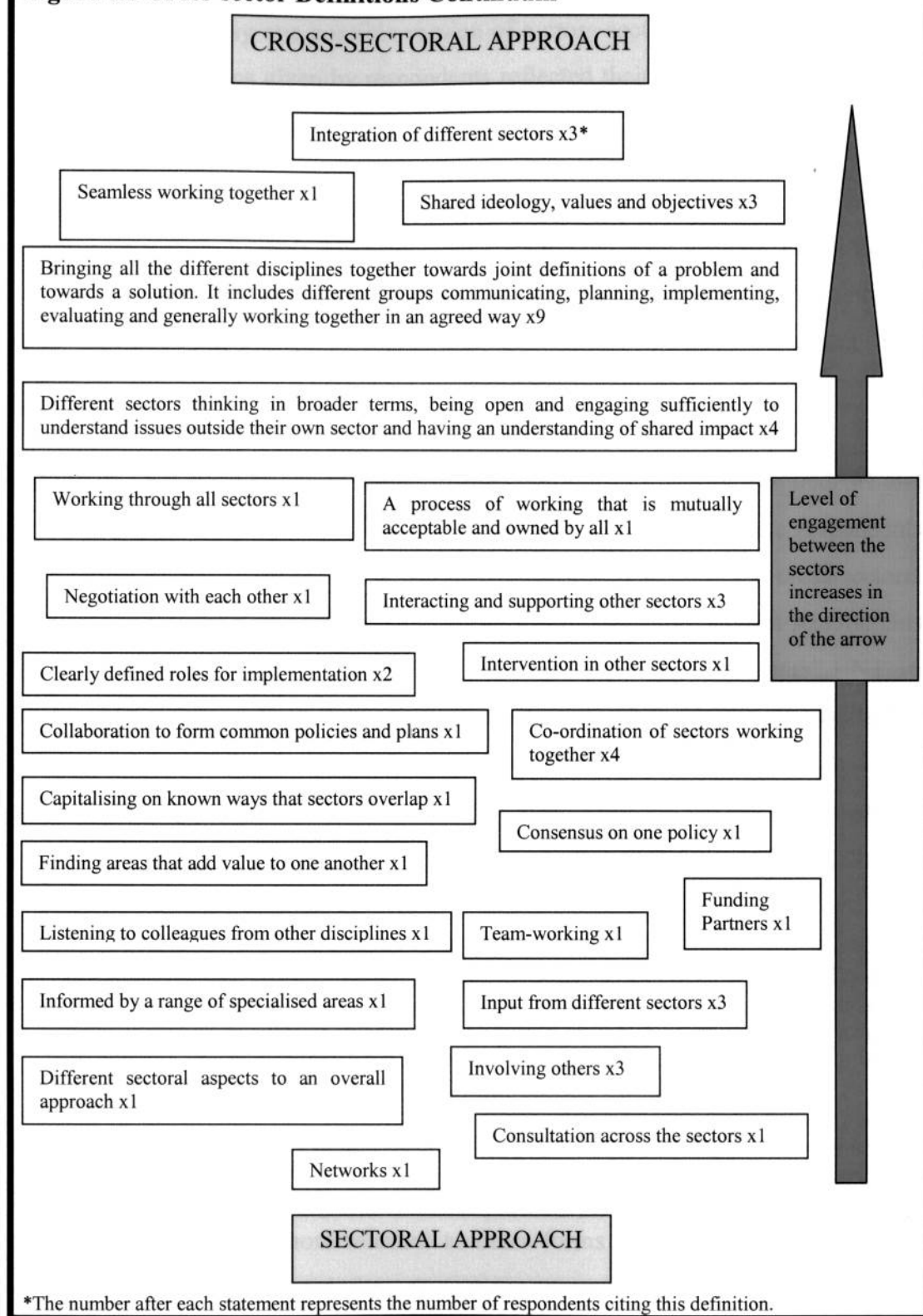
In the introductory chapter, two research questions were outlined. The first question asked: Is there any evidence of cross-sector policy and practice at DFID? This question was accompanied by the following sub-questions: How is cross-sector policy and practice defined and understood?; What are the rationales for cross-sector policy and practice?; and Is the DFID environment conducive to cross-sectoral approaches? In response, this chapter assesses evidence for cross-sector policy and practice at DFID. Definitions of cross-sector are discussed using the continuum model introduced in Chapter Three and rationales for pursuing cross-sectoral approaches are explored. Facilitating factors are outlined along with examples of attempts by DFID to engage in cross-sectoral approaches. DFID faces some significant challenges and barriers to realising its calls for cross-sectorality and these are also presented here.

6.1 Cross-Sector Policy and Practice Definitions

From over 100 respondents only two enquired whether DFID or I had a working definition of cross-sector (see Chapter Three). DFID documents and the research literature lacked explicit definitions of cross-sector and this was reflected in a lack of agreement among respondents of how cross-sector should be defined. Respondents gave a wide variety of definitions. All respondents thought that cross-sector policy and practice implied at least some engagement between different sectors, but opinions varied about the level of engagement implied. Using the cross-sector continuum model from Chapter Three, the definitions given by interviewees are illustrated in Figure 6.1 below.

The concept of a cross-sector continuum arose from ideas grounded in the research data after the final stage of data collection. Therefore the definitions in Figure 6.1 were not placed in the continuum by respondents, rather, I have made a subjective choice to place respondents' definitions in particular locations.

Figure 6.1 Cross-sector Definitions Continuum



Where interviewees implied a level of cross-sectoral engagement when discussing their definition, this influenced my placing of definitions in the continuum. However, where no particular level was implied, I relied on a subjective impression formed

from the collaborative literature to place definitions within the continuum. This, therefore, reflects only one possible version of a cross-sector definitions continuum. In addition, definitions given by respondents reflected their ideas only at the time of data collection.

Sectors may not share definitions, or may choose to interpret definitions differently resulting in different levels of engagement. Therefore, there are not only different levels of cross-sectoral engagement implied by definitions within the continuum, but there are also multiple levels on which sectors can choose to interpret each definition, as outlined in Chapter Three.

There was no consistent relationship between definitions given by respondents and the respondents' particular location within the DFID hierarchy. Some respondents gave highly detailed definitions, which referred to the links between cross-sectoral processes and outcomes: "...the policy becomes something that crosses sectors, plus the fact the process of getting there involves consultation across sectors" [INT 16 DFPS].²³ Other respondents emphasised the reciprocal nature of cross-sectorality that also formed part of the working definition of cross-sector for this research: "...I give some of my time to you to work on some of your priorities and you give some of your time back..." [INT 03 DLS]. Finally, several respondents stressed the potential benefits of drawing on multiple sectors:

"...an analysis which draws upon...as wide a range of inputs as possible...Trying to ensure...that...whatever kind of issue, or set of issues one is trying to address which previously would have been addressed within one sector...now broadens out to try to draw from as many different sectors as possible and therefore can identify the widest possible range of determinants" [INT 13 DNS].

In common with the literature, respondents frequently used 'cross-sector' interchangeably with other collaborative terms. Indeed, respondents' definitions of cross-sector were often more relevant to other forms of collaboration. The terms most consistently substituted for cross-sector were 'mainstreaming' and 'cross-

²³ [INT X] = Interview, [MEET X] = Meeting. For a complete breakdown of abbreviations and respondents' position within and in relation to DFID see Abbreviations list and Appendix F.

cutting'. As one comment about mainstreaming and cross-sector illustrates: "I'm not really sure there's much difference in definition between the two" [INT 10 DLS]. Multi-sector and inter-sector were also often substituted for cross-sector and were only occasionally differentiated.

Respondents made clearer distinctions between partnership and cross-sector definitions. The following response was typical: "I don't think cross-sectoral working...should...always be about equal voices in everything..." [INT 16 DFPS], in contrast to the equality implied by partnership definitions.

At DFID, the lack of consensus for a definition of cross-sector policy and practice led some staff to question why cross-sectoral approaches were being pursued. The following section presents respondents' rationales and perceived benefits of cross-sectoral approaches.

6.2 Rationales for Cross-Sector Policy and Practice at DFID

Respondents' rationales for pursuing cross-sectoral approaches fell broadly into five main groups: (1) Policy coherence: ensuring that policies are consistent across sectors, departments or organisations, (2) People focus: ensuring that services and actions are relevant and meaningful because people's lives are cross-sectoral, (3) Efficiency & effectiveness: adopting cross-sectoral approaches because they are an efficient and effective means to achieving successful development ends, (4) Limitations of sectoral approaches: concerns about the poor outcomes from some sectoral approaches to development has led people to assume cross-sectoral policy and practice is necessary to combat these shortcomings, and (5) Responding to the changing external environment: cross-sectoral development goals such as the MDGs and poverty elimination require cross-sectoral approaches.

The first two rationales were shared with those previously found in documents and literature presented in Chapter Three. However, the last three rationales raised by respondents were not so apparent in the literature.

6.2.1 Policy Coherence

Respondents indicated that one of the main aims of cross-sectoral approaches is to ensure policy coherence. Policy coherence was thought to be increasingly necessary where so many sectors and actors have overlapping geographical areas and development objectives. A cross-sectoral approach was believed to contribute to more consistent and coherent policy and practice. One DFID staff member commented

“...cross-sectoral inputs are really important, to ensure that you...have full and frank debates about the different aspects and how they conflict with one another from different sectoral perspectives. That's the only way that you can really arrive at a coherent policy that has buy in and where everybody's agreed on what we should say” [INT 03 DLS].

Policy coherence constitutes a substantial rhetoric within DFID documents and was emphasised by DFID London staff, Nepali government staff, and external development consultants. In contrast, DFID Nepal office staff and DFID-funded project staff did not mention policy coherence as a rationale for pursuing cross-sectoral policy and practice.

6.2.2 People Focus

Some respondents referred specifically to the work of Moser (1993), Chambers (1997, 1983) and Carney (1998a) that advocate cross-sectoral approaches to ensure development is relevant and beneficial to people. For example, one interviewee stated “taking things out of boxes...it was Chambers who said people don't see the world in terms of sectors and projects, and people's worlds in fact overlap outside of sectors” [INT 05 EDC]. Others did not refer specifically to the research literature, but similarly argued cross-sectoral approaches are necessary if development is to be responsive to people's lives. Respondents placed more emphasis on sustainable livelihoods (SL) than on gender rationale although there was still relatively little detailed discussion of SL approaches.

However, development was frequently described as taking a sectoral approach. There were also reports of people compartmentalising things in order to deal with complexity: “...we say people don't live in boxes, they don't, but I think we all box our lives to an extent...” [INT 16 DFPS]. Similarly, one female Nepali interviewee

described the need to compartmentalise her different professional and domestic roles as a method of managing her complex multiple roles.

The majority of respondents emphasising the people-focus rationale for cross-sector policy and practice were DFID Nepal staff and DFID-funded project staff. This rationale was not mentioned by any DFID London staff or Nepali government staff, which perhaps suggests a stronger awareness and concern for people-focused development at district- and country-levels of DFID.

6.2.3 Effectiveness and Efficiency

Another group of respondents argued there are benefits in combining experience and expertise from different sectors in a cross-sectoral approach: "...it's more effective and efficient than just working in one box and trying to do things single-handedly" [INT 26 DNS]. One respondent described the potential synergy and efficiency benefits using a theoretical example of two projects working together. In the first scenario, project one carries out two days work and project two also carries out two days work resulting in a total of four days work. In the second scenario, projects one and two work together with the result that they only need to work three days, they save overheads and the impact is potentially greater, more efficient and more sustainable as a result of synergy.

Several other respondents described the synergy resulting from cross-sectoral approaches that were similar to descriptions in some of the literature outlined in Chapter Three. However, respondents focused on synergy benefits in terms of outcomes rather than processes, stressing the potential for impact to be greater than the sum of their parts: "...when you get all...the sectors to bring their ideas and resources together, it creates that synergy of creating greater impact..." [INT 12 EDC]. Synergy effects within processes such as closer relationships between actors, shared ownership and reciprocity were mentioned less by respondents.

6.2.4 Limitations of Sectoral Approaches

A fourth group of respondents rationalised pursuit of cross-sector policy and practice as an attempt to avoid negative impacts from some sectoral approaches. This

rationale did not emphasise the positive points of cross-sectorality, but argued for cross-sectoral alternatives to what were perceived to be unsatisfactory sectoral methodologies. The following comment illustrates this point:

“...if you clearly show...people the reality of what...failure to think cross-sectorally means in terms of ineffective, inefficient service delivery...there was a film from about 10 or 12 years ago, 'Why did Mrs X die?'...there was a doctor in the hospital said Mrs X died because she lost blood, then he says why did she die when she lost blood, well there was no blood for a transfusion, then it kept on going back and back...and...the transport was broken and the road was no good and the husband wasn't available to give permission for her to go to hospital...and it was very, very powerful...” [INT 13 DNS].

The process of being asked to describe cross-sectoral examples led some respondents to focus on unsuccessful sectoral work that highlighted incoherence, duplication and a lack of awareness of people's needs outside 'their own sector'.

6.2.5 Responding to the Changing External Environment

A fifth group of people recognised cross-sectoral approaches are increasingly necessary to respond to complex development agendas and needs. One respondent thought the increased calls for cross-sectoral approaches were a result of “...the emergence of a series of new themes that don't fit nicely into...boxes...there's a whole range...of things that are increasingly talking about cross-sectorality” [INT 04 EDC]. Other respondents also noted the need for cross-sectorality in response to development goals: “...DFID...[has]...this over-arching goal of eliminating poverty – then the only way to get there is cross-sectorally...” [INT 15 DFPS], while the following comment was typical: “I doubt whether there's very many sectors that don't have multiple impacts across other sectors” [INT 14 DFPS].

Having identified the rationales behind the calls for cross-sectorality, the following section identifies and explores facilitating factors and examples of cross-sector policy and practice at DFID.

6.3 Facilitators of Cross-sector Policy and Practice

Interviewees were presented with five possible facilitators of cross-sector policy and practice as outlined in Chapter Two. Table 6.1 summarises the results of interviewee

prioritisation and removal of facilitating factors, and includes some patterns in the characteristics of respondents.

Table 6.1 Prioritisation Exercise Results: Facilitating Factors

Facilitating Factor	Percentage of respondents prioritising factor	Number of times prioritised (n=30)	No of times removed (n=30)	Characteristics of those prioritising facilitating factors
Implementation is considered part of the planning and policy process	43%	13	0	Prioritised more by female and non-DFID staff
Joint working arrangements are agreed and implemented	40%	12	0	Prioritised more by non-DFID and Nepali staff
A strategy for cross-sector working exists	36%	11	0	Prioritised more by DFID staff
Lessons are learnt from previous cross-sector experiences	33%	10	0	Prioritised more by female and non-Nepali respondents
Cross-sector aims are explicit and agreed from the outset	26%	8	2	Prioritised more by non-DFID staff.

There was a relatively even spread of prioritisation between the five statements presented. However, ‘implementation is considered part of the planning and policy process’ was prioritised the most by interviewees, and the following comment was typical: “I don’t see a clear or broad distinction between policy and actions. I see in fact that these two things should be part of the same continuum” [INT 20 DNS].

The statement ‘cross-sector aims are explicit and agreed from the outset’ was prioritised the least number of times and was the only facilitating factor removed. On the other hand this statement was viewed as important by several respondents as illustrated in the following comment:

“I think that you often get a situation where you get to the end of the meeting and you realise people were actually talking on totally different levels and that's why they couldn't agree...And then you think, now I understand where you were coming from, of course what you said makes sense...but that's not...what I thought we were talking about...” [INT 16 DFPS].

Most respondents weren’t aware of any strategies for cross-sectoral policy and practice at DFID or elsewhere. As one respondent commented, “It's rhetoric, it's not a strategy” [INT 04 EDC]. Some respondents, however, thought a strategy was important:

“...having a strategy is absolutely essential...The strategy itself can provide the means for initiating cross-sectoral working. You can get a team together to develop the strategy in the first place” [INT 09 DLS].

The ‘implementation’ statement was prioritised more by non-DFID staff than by DFID employees, and by women more than men.²⁴ This lack of prioritisation by DFID staff may be partly explained by the low emphasis being placed at DFID on operationalisation of cross-sector approaches, and by the growth of contractual management arrangements at DFID that externalise many implementation processes.

Some respondents also added facilitating statements they thought were missing from the five presented above and some of these additional statements were also prioritised by respondents, as outlined in Table 6.2.

Table 6.2 Facilitating Factors Added and Prioritised by Interviewees

Added Facilitating Factor	Percentage of Respondents prioritising factor	Number of times added facilitator prioritised (n=30)
Top management support, champions and political commitment	13%	4
Being clear about the aims and added value of cross-sectoral approaches	10%	3
Shared, clear roles, values and responsibilities for policies and outcomes	3% ²⁵	1
Joint monitoring and evaluation	3%	1
Country programme targets set cross-sectorally and cross-sectoral approaches on national agenda	3%	1
Developing an improved incentive structure	3%	1
Staff learning strategies in place to facilitate cross-sector working	3%	1
Technical support given to partners	3%	1

Top management support, champions and political commitment were the most frequently occurring and prioritised of the facilitating statements added by

²⁴ Non-DFID staff includes DFID-funded project staff most of whom did not identify as DFID staff, but as employees of their project’s contracted management organisation. One comment illustrates this point: “...people in projects you know they are not DFID... they are the people we employ to do this work on our behalf, they are not DFID, and speak to them, they don't feel like DFID and their agendas are different” [INT 08 DNS].

²⁵ It should be noted that the small number of interviewees that took part in the ‘post-it note’ exercise (n=30) creates percentages that are purely illustrative rather than necessarily statistically significant. For example, 3% illustrates one interviewee.

respondents. The following comment was typical: “it needs to have a greater push at the higher level...” [INT 15 DFPS].

The next most frequently added and prioritised facilitator was the need to be clear about the added value of cross-sector approaches. Although linked to the statement ‘cross-sector aims are explicit and agreed from the outset’, the added statement expands upon the original, suggesting the need to be clearer about the rationale for cross-sectorality and the impact and benefits of these approaches.

Some of the added facilitating factors were opposite forms of some of the barrier statements. For example, an improved incentive structure and staff learning strategies were conceptualised by respondents as facilitating statements but the lack of these factors were presented as barriers.

For graphs representing responses to the ‘post-it note’ exercise, a full list of facilitating factors added by interviewees and a breakdown of the characteristics of respondents taking part in the post-it note exercise see Appendix L.

To explore evidence of cross-sector policy and practice at DFID in the UK and Nepal, the following sections outline cross-sector examples and the extent to which key facilitating factors identified above are present at DFID.

6.3.1 Examples of Cross-sector Policy and Practice at DFID

The following cross-sector examples were gathered through semi-structured interview questions, informal meetings and a participatory diagramming exercise. Cross-sector diagram examples are included within the text in this chapter but examples more specific to reproductive health and women’s education are presented in Chapter Seven.²⁶ The examples presented here begin with those suggested by staff from DFID London and progress to examples at country-level in Nepal.

²⁶ Diagram examples that were not directly related to the main themes of this thesis are presented in Appendix M.

Some respondents struggled to give any examples of cross-sector policy and practice at DFID but others offered numerous examples. Some of the cross-sector examples given by respondents were actually examples demonstrating poor cross-sectoral practice, often illustrating persistence of sectoral work with poor outcomes. Many examples given would be more accurately described as examples of multi-sectoral working. The levels of cross-sectoral engagement outlined in the examples varied significantly but generally represented lower levels of engagement found between the middle and the base of the cross-sector continuum model in Figure 3.1.

DFID London

At DFID London, general collaboration exists between the different sections, divisions and sectors, as one comment illustrates:

“...it rarely happens that you write a document without close consultation with other people, not that it wouldn't be possible to do that within the organisation...usually...sections would be written by different people” [INT 02 DLS].

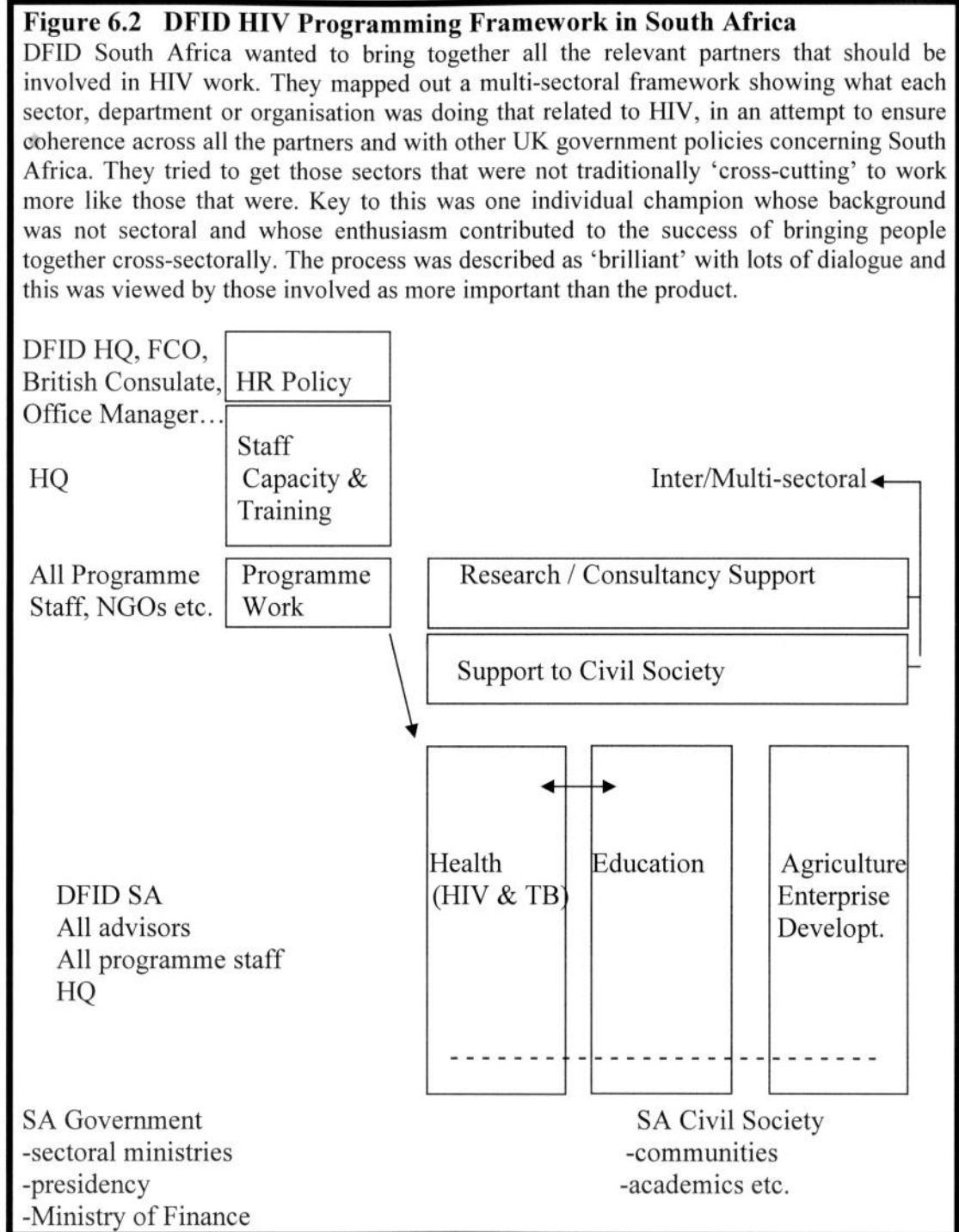
However, many of the examples given of work at DFID London were theoretical rather than actual examples.

There were three significant examples presented by respondents outlining key attempts by DFID London to improve cross-sector policy and practice. Two of these, the ‘Triangle of Skills’ and the Policy Division review, were also found within DFID’s literature and were presented in Chapter Four. Along with a Pillars and Cross-cutters model not previously presented, these were some of the strongest examples given of DFID London engaging in discussion and adapting structures to improve cross-sectoral working. These examples are outlined in more detail below.

The ‘Pillars and Cross-cutters’ Model

Variations of the ‘Pillars and Cross-cutters’ model are familiar to studies of ‘role’ organisations (Handy 1993, 1991). Respondents described the pillars as referring to sectors such as education or health that frequently face criticism for acting as ‘silos’ where knowledge and skills are stored rather than shared. On the other hand, the cross-cutters referred to more cross-sectoral and cross-cutting sectors. This model

was used by one respondent in a diagram example²⁷ (see Figure 6.2 below) and was referred to by several other DFID staff.



²⁷ The diagram examples have been redrawn electronically removing personal handwriting in order to protect the anonymity of respondents. Nothing else has been changed. The text placed above the diagrams is taken from the accompanying oral case history given by the respondent.

Although this example could be viewed as more appropriate for Chapter Seven where more specific reproductive health examples are explored, the use of the pillars and cross-cutters model is particularly relevant for more general cross-sectoral discussion. The model has contributed to debates about the perceived value of sectoral and cross-sectoral approaches. Clarifying the value of cross-sectoral approaches was identified as an important facilitator by respondents. In the case of the example above, it has also contributed to a vision for cross-sectoral HIV programming in South Africa. Despite facing some criticism for being too simplistic and slightly outdated, the Pillars and Cross-cutters model continues to inform discussion at DFID and remains a useful descriptive tool for many staff. The model also informed the development of some of the following examples. More recent debates often utilise the 'Triangle of Skills'.

The 'Triangle of Skills'

The 'Triangle of Skills' was discussed by a small number of respondents from the DFID London and DFID Nepal offices. This model was presented by one respondent as a diagram example to represent the concept of cross-sector policy and practice at DFID (see Figure 6.3 below).

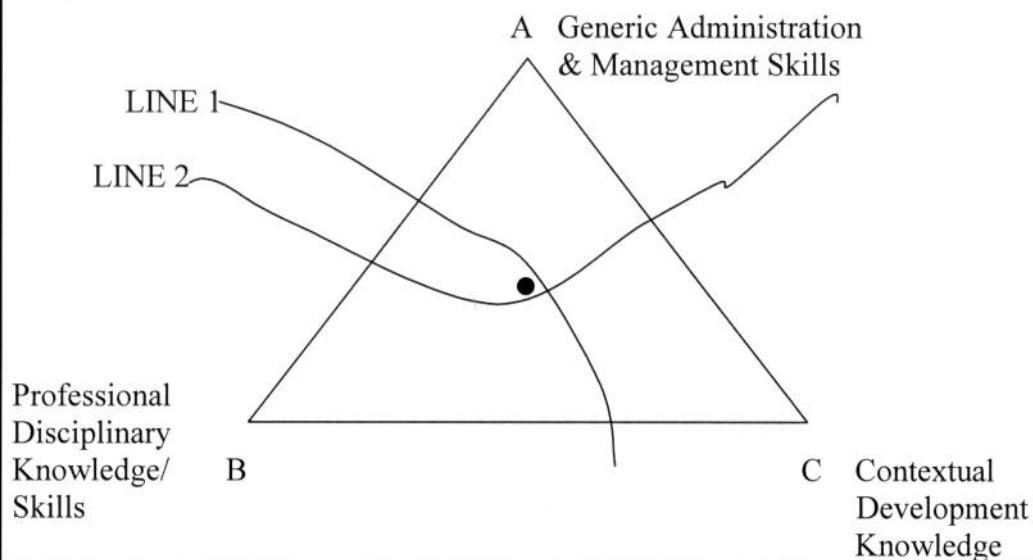
One member of staff explained that the skills included in the triangle are those that are required to accomplish DFID's objectives. Respondents described the triangle as being a useful catalyst to discuss both desired individual strengths and a desired balance of team strengths. Staff involved in early discussion of the model argued that it was not intended that individual staff have to be in the centre of the diagram but the aim was to get staff to think and work differently and to ensure a balance of skills in teams. The vision was for staff to focus on development first and on specialist knowledge and skills second. This was widely seen as a challenge to the dominant practice at DFID of people following their sectoral priorities first and cross-sectoral work second.

The Triangle of Skills was recognised as a particularly useful tool for professional development, staff training, and recruitment, as the following statement suggests:

“...staff training is...important...the growth in some of the new sets of skills that people need at DFID. What's a PRSP? What's a SWAp?...What are new skills you need on top of your professional expertise in any of the sectors?...we have sectoral experts, but actually, there's a whole load of other skills, communication skills, negotiation skills that are increasingly important” [INT 04 EDC].

Figure 6.3 DFID Triangle of Skills

Staff at DFID Nepal in conjunction with management consultants, debated multi-disciplinary teamwork and developed the concept of the development professional represented by a ‘Triangle of Competencies’, later to become the ‘Triangle of Skills’ (see Chapter Four). The points of the triangle represent the different areas of skills and knowledge that DFID considers desirable for development professionals. The point in the middle represents an ideal balance of skills. This was originally envisaged to be achieved by a group of individuals on a team, rather than by one super-skilled and very desirable individual staff member. Line 1 represents an individual or team that has most expertise in professional disciplinary issues and line 2 represents generic administration and management skills are the key strength of the individual or team.



The use of the Triangle of Skills for human resource development within DFID demonstrates progress from cross-sectoral debates to implementation of cross-sectoral concepts. One respondent suggested the skills triangle could be DFID’s strategy for cross-sector policy and practice, although acknowledged this was implicit rather than a stated commitment by DFID.

The Policy Division Review

The third significant example of cross-sectoral engagement at DFID London referred to by many respondents was the Policy Division review outlined in Chapter Four. Restructuring of the Policy Division was understood by staff to have been

undertaken in order to become more responsive to the demands of the Public Service Agreement (PSA), including a desire for increased cross-sectorality and underpinning widespread beliefs that the changes had top-level support. This top-level support was a key facilitator identified earlier in the post-it note exercise and is likely to have been a critical factor in ensuring the Policy Division restructuring has been implemented.

Policy Division was widely viewed to hold a pivotal role within DFID, absorbing information and re-channelling it internally and externally. As one staff member stated:

“...we need to ensure that we strengthen our policy coherence...across not only different sectors...but across different regions and country programmes...and encouraging people with policy division to work together in a more interdisciplinary way will facilitate that process” [INT 03 DLS].

Respondents reported that since the restructuring, cross-sector policy and practice had increased and improved although the new teams were thought to have retained the dominance of particular disciplines and skills particularly in economics and statistics.

The changes in Policy Division have formed structural bridges but respondents thought informal liaison remained flimsy because it was not supported by broader organisational commitment and practical strategies for cross-sector operationalisation. The institutional language which is indicative of organisational values (Handy 1991) was reported to continue to emphasise sectoral targets and products rather than cross-sectoral processes.

DFID staff and outsiders reported a lack of clarity about team membership, points of contact, roles and responsibilities. Staff also reported that it was often unclear what disciplinary background team members came from, and that this was a disadvantage because sectoral and disciplinary expertise was still thought to be crucial to cross-sectoral approaches. Staff who were working on more than one team reported being overstretched and described constant demands to respond to Parliamentary questions, reducing the time they have for more proactive working. Since the reorganisation

into teams with specific policy objectives, one respondent thought some policy issues such as gender were “falling between the cracks” [MEET 11037 DLS] and there were reports of logistical problems linked to managing the large number of teams. Certainly, respondents described the new structure as more management and cost intensive than the previous configuration and it was thought that this may increase pressure to follow a narrower agenda in Policy Division in the future.

Most staff who were asked about the Policy Division changes thought that more time was needed for the changes to be embedded before judgement could be passed on the impact of the new structure. Unfortunately early Policy Division internal evaluation documents were only available internally within DFID during the time of this research study.

DFID Nepal

The Policy Division review and debates around the Triangle of Skills and Pillars and Cross-cutters models are attempts to engage in cross-sector policy and practice at DFID London. At DFID Nepal, these initiatives were hardly mentioned, but another ‘Core Team Working’ model was introduced.

The Core Team Working Model

The model of Core Team Working adopted by DFID Nepal is a set of guidelines for working cross-sectorally in small teams. Core team working consists of no more than three staff working in a team at one time, but pulling other expertise into the group as and when it is necessary or beneficial (DFID Nepal 2000b). Core team working has faced similar challenges to those on a larger scale within Policy Division: of making effective bridges, achieving sturdy liaison and transforming institutional language to reflect and support cross-sectorality (Handy 1991). One member of staff argued

“it’s OK setting up a core group...and then working in an organisation that may have a dozen similar kinds of groups. What we’ve found challenging...is making sure that all of those groups at different times come together” [INT 20 DNS].

Despite documentary support for this approach, only one respondent at DFID Nepal mentioned the concept and guidelines for core team working (DFID Nepal 2000b).

Another member of DFID Nepal staff commented more generally “we are still in the very early stages of working in teams” [INT 22 DNS].

DFID-Funded Projects

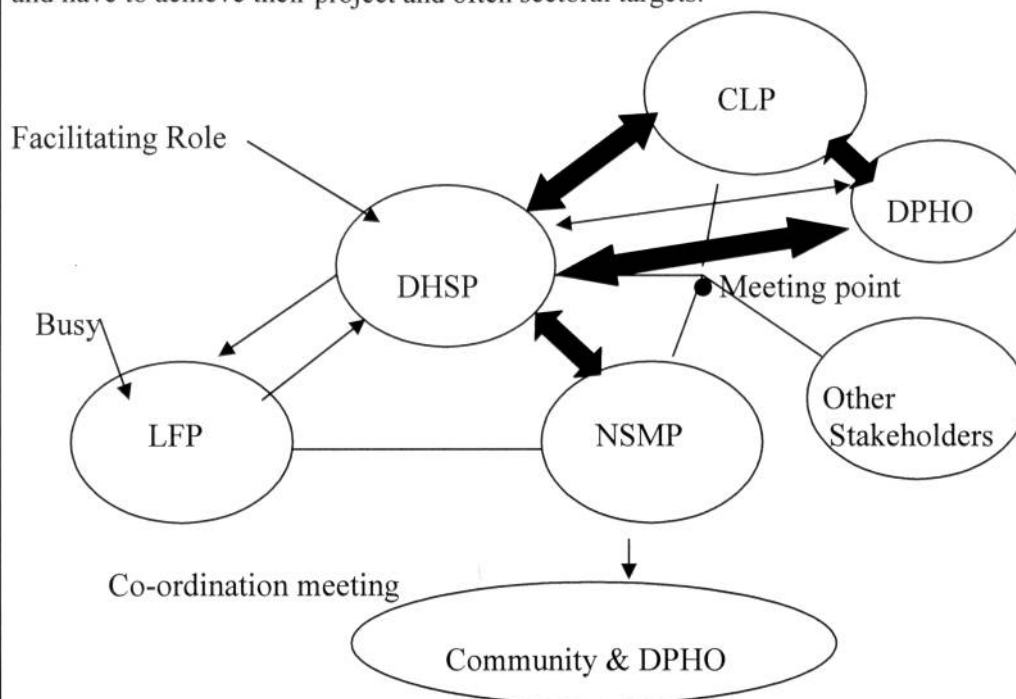
In addition to these four key attempts by the DFID offices to engage in cross-sectoral debates, many examples of cross-sectoral connections were described at project-level both in Kathmandu and Rupandehi District. Indeed, the majority of respondents reported that most cross-sector policy and practice was taking place at project-level, particularly within districts: “...cross-sectoral working is much better at this level, at district-level where you really can do something” [INT 23 DFPS]. A handful of DFID partners reported poor connections between DFID-funded projects but these views were challenged by the majority of respondents who reported good cross-project connections. Several project-level staff demonstrated significant commitment to cross-sectoral approaches claiming this was the most appropriate way to approach development. One member of project staff commented: “...particularly if it’s DFID programmes, there is a feeling that you’re working...together...even though we’re not really DFID, there is that sort of general feeling” [INT 14 DFPS].

Many connections being made between different DFID-funded projects in Nepal specifically referred to reproductive health and women’s education and therefore have been included in Chapter Seven. However, several other examples of more general cross-sectoral engagement at project-level are outlined here. One diagram example presented in Figure 6.4 illustrates project connections in Rupandehi District.

This diagram employs the use of different sizes of arrow to illustrate the strength and direction of particular relationships, a useful distinction for assessing the level of engagement between various actors. This diagram illustrates only one connection to the community through NSMP. However, in the accompanying discussion the interviewee focused on explaining a particular piece of work in which the other organisations were supporting NSMP to work with a particular community and this may explain this apparent paradox.

Figure 6.4 DFID-funded Projects in Rupandehi, Nepal

DFID-funded projects working in Rupandehi District demonstrated some cross-sectoral collaboration although the links were not always described as particularly strong. There were links between the District Health Strengthening Project (DHSP), Community Literacy Project Nepal (CLPN), Nepal Safer Motherhood Project (NSMP), Livelihoods and Forestry Programme (LFP) and local district based government officers, NGOs and the community. Projects used an open, flexible and bottom-up approach talking to people in the community and working with them on whatever issues they identify. The DFID-funded projects collaborate but it is difficult because they all have their own limitations and have to achieve their project and often sectoral targets.



There are some practical reasons why the projects may be engaging in higher levels of cross-sectoral work. DFID-funded projects in Kathmandu and at district-level reported a degree of flexibility in patterns of working that were not as evident at higher levels of the DFID hierarchy. This flexibility was thought to give staff freedom to adopt cross-sectoral and other methods of working deemed most suitable to achieving beneficial impacts for communities. One respondent also highlighted the need for flexibility within a cross-sectoral approach: “part of good cross-sector working is also flexibility to involve, and engage other people as and when is necessary, so there needs to be a flexibility of bringing different people in” [INT 02 DLS]. Also the smaller scale on which work is undertaken at project-level was thought to contribute to increased cross-sectorality through the need to share resources and service delivery mechanisms and, as one respondent added

“...sharing lessons learned and information, ways of working...all informal collaborations...who can we talk to, who can we learn from and who is on the ground already” [INT 06 EDC].

Indeed, links on the basis of shared access routes to community beneficiary groups were described between NSMP, CLPN and DHSP that involved highly reciprocal relationships indicative of higher levels of cross-sectoral engagement. Finally, the smaller scale of project-level work also meant that in order to achieve project goals at district-level, collaboration with other projects working in the same locality and with local government staff was essential. At this smaller scale there may only be one official representing each sector and therefore it becomes difficult to implement work without making cross-sectoral connections as the following two comments illustrate:

“here in London I think it’s fair to say that we’ve lagged behind what happens at country and programme-level. Perhaps because it’s easier in smaller teams, we’re a large organisation here and policy work is perhaps harder to do than programme work in multi-sectoral terms” [INT 09 DLS];

“...at a country office because you’re so close to implementation, you have to work in cross-system routines, you need each other...to perform well. Whereas at a headquarters-level, if you’re working on policy, you don’t necessarily realise how much you need the other disciplines, so there is sometimes a tendency to get on and get the job done with less consultation rather than more” [INT 02 DLS].

These comments illustrate the belief that at policy-levels and within larger divisions of an organisation cross-sectoral engagement was thought to be more difficult. This difficulty was considered to be the result of a number of influences including time pressures of working to policy deadlines and answering Parliamentary questions, distance from beneficiaries and competition for budgets. These factors are all likely to raise the chances of territorial or sectoral approaches to working.

These examples of cross-sectoral engagement from different levels of the DFID hierarchy are encouraging but respondents frequently spoke of a gap between the rhetoric and reality of cross-sector policy and practice.

6.4 The Gap between Rhetoric and Operationalisation of Cross-sector Policy and Practice

One of the key issues respondents consistently reported was a gap between DFID's espoused commitment to cross-sector policy and practice and the reality of trying to operationalise these aims. There was a lack of clarity about how to implement cross-sectoral approaches. Indeed most of the documents calling for cross-sectorality lacked operational guidance or strategies for implementation. Few respondents outlined any specific practical activities constituting cross-sector policy and practice. Multi-sectoral meetings, phone calls, emails and 'five-minute chats' were all mentioned along with specific joint programme work. However, the extent to which any of these examples were cross-sectoral was not always clear and the level of engagement across the sectors varied widely.

As one interviewee stated, "it's theoretically quite easy to think cross-sectorally, but to operationalise it I think is much harder" [INT 04 EDC]. Operationalising cross-sector policy and practice was viewed by many as difficult with the following comments being typical: "...most people accept that this is needed but there is no project that can get these people to work together" [INT 12 EDC] and "...trying to pull everyone together...was really hard actually" [INT 03 DLS].

Despite the apparent commitment to cross-sectoral approaches and broader collaborative agendas within DFID documents, UK Government documents were not mentioned by any DFID staff or partners interviewed, and only a handful of respondents referred to the international development literature support for cross-sectoral approaches. There were also few documents from DFID Nepal giving strong cross-sectoral messages.

DFID was criticised by both internal staff and external partners for not being sufficiently committed to cross-sectoral approaches, as the following comments illustrate: "...it's on the edge of just becoming lip-service..." [INT 16 DFPS], and "...I think they talk the talk, I'm not that sure that they're walking it yet..." [INT 20 DNS]. Indeed, although DFID documents promote partnership, joining up, and cross-

sectoral collaboration, several respondents described the documents as silent about the meaning of these terms, the details of practical application and operational strategy. One interviewee reported that “people talk about cross-sector working but they never go into detail of the whys and wherefores” [INT 11 EDC]. Consequently, staff at all levels reported learning about collaboration through trial and error, or through a process of osmosis: learning from others through observation, listening and attempting to make sense of terms through their everyday usage, illustrated in the following response:

“...many people don't even know what is meant by cross-sector and...there is lack of explanation, definitions...I have been working here for...years now and I have been hearing this word a lot but nobody explaining what it actually means. So...we go to different management meetings and we read reports and documents and we come away with our own framework for what it could be” [INT 25 DNS].

The criticism about a lack of commitment to cross-sectoral approaches was extended to criticism about a lack of commitment to implementation. DFID and the rest of the UK Labour government were described as viewing a statement of intent, “...as synonymous with the realisation of that intention” [INT 08 DNS]. DFID was accused of spending too much time on policy and not enough on implementing and delivering to people and were also described as being “...driven by paper and intellectualisation” [INT 08 DNS]. Another interviewee stated, “...if we can be less perfectionist and focus on the delivery and implementation, that will help” [INT 26 DNS]. Indeed, there were reports of missed opportunities for cross-sectoral implementation within the DFID Nepal Country Assistance Planning process.

The persistent problem with bridging the policy-to-implementation gap is not unique to DFID or to cross-sectoral approaches. Therefore, although cross-sectoral processes were thought to be beneficial to Nepal's development they were seen as difficult and time consuming to implement. The chances of cross-sector policy implementation are jeopardised by DFID's poor implementation record in Nepal and their partnership with the Nepali Government, who have a similarly poor implementation record, particularly in relation to their previous Five Year Plans, (ADB 1999; CERID 1997; DFID 2004c; DFID Nepal 2003; HMGN 2003). In Nepal, DFID also faces challenges in attempting to implement policies in partnership with Nepali

organisations that have vastly different management and organisational cultures and contexts than those held by Western organisations, an issue explored further in section 6.5.2.

Some DFID staff described themselves as too busy with their own sectoral work to spend time being distracted by what they perceived to be someone else's area of work. Although only a minority of staff expressed these opinions, these views raise concerns about how cross-sectoral approaches are understood. The lack of prioritisation given to cross-sectoral operationalisation within DFID led to a lack of time allocated to cross-sectoral activity resulting in implementation being less likely.

The policy-to-implementation gap is also exacerbated by the separation of these two related activities (McGee & Brock 2001; Walt 2000). Several DFID office-based staff strongly stated that DFID has no responsibility for policy implementation emphasising that "DFID are a funding not an implementing agency" [MEET 57 DNS]. Although DFID contract out the majority of project management and development activity, several DFID staff respondents' perceived lack of responsibility for implementation of these contracted activities implied by these statements raises some concerns about DFID's ability to translate policy statements into reality.

The difficulties of operationalising cross-sector policy and practice were thought to be the result of some specific challenges that DFID faces including sectoral budgets, the DFID policy environment, the disjuncture between Nepali and DFID Nepal organisational culture, DFID's focus on outcomes, the disjuncture between bureaucracy and development, poor communication of cross-sectoral messages between the 'multiple DFIDs', prioritisation of government support, and disciplinarity and territoriality. These barriers are outlined in more detail in the following sections.

6.5 Barriers to Cross-sector Policy and Practice

Interviewees were presented with five possible barriers to cross-sector policy and practice as outlined in Chapter Two. Table 6.3 summarises the results of interviewee

prioritisation and removal of barriers, and includes some patterns in the characteristics of respondents.

Table 6.3 Prioritisation Exercise Results: Barrier Statements

Barrier	Percentage of respondents prioritising barrier	Number of times prioritised (n=30)	No of times removed (n=30)	Characteristics of those prioritising factors 6-10
Budgets tend to be sectoral	40%	12	1	Prioritised more by female staff and non-DFID staff
Staff lack training on how to work cross-sectorally	36%	11	2	Prioritised more by DFID staff and by Nepali staff
Individuals are not rewarded for achievements in other sectors	36%	11	3	Prioritised more by female staff and by DFID & EDC staff
Delivery systems are not organised in a cross-sector way	30%	9	0	Prioritised more by non-DFID staff and by non-Nepali staff
Time constraints	23%	7	6	Prioritised more by female staff and Nepali staff

The statement ‘budgets tend to be sectoral’ was the most prioritised statement, indeed one member of staff didn’t think DFID could overcome the barrier of sectoral budgets: “...I don't think we have the capacity within DFID to get outside those sort of budget constraints, to get outside of our sectoral frameworks, completely out of the box” [INT 03 DLS]. Another respondent argued “...sometimes it feels to me the budgets are actually used...to stop people from doing creative things...” [INT 01 DFPS]. DFID’s strong focus on outcomes (outlined later in section 6.5.3) emphasises the desire to be able to demonstrate “it’s our project” [MEET 73 DPUK], and this was thought to add to the desire to keep budgets sectoral and identifiable.

The high ranking of sectoral budgets as a barrier was also consistent with previous failed attempts by DFID and other donors to introduce cross-sectoral approaches:

“...obviously departments want to keep their budgets and allegedly why the last attempt to reform the advisory groups at DFID was stopped, was because big budgets were affected....certain departments didn't want...their money to go into a common pool with other people...certainly budgets equal power in organisations” [INT 04 EDC].

This is also supported by Harrison et al's observation that "...funding is...one of the most destructive issues that partnerships have to deal with" (Harrison et al 2003:36).

The statement 'time constraints' was prioritised the least number of times. Low prioritisation of time constraints was consistent with this also being the most frequently removed barrier. The time constraints statement raised strong and varied opinions among respondents. For many interviewees time constraints were a real barrier to cross-sectoral work and were often linked to DFID's size: "...in any big organisation...you've got to balance up how much you get input from different people and how much you achieve it on time..." [INT 02 DLS]. Others appeared more concerned with the quality of work, than the timescale, arguing that time can be used as an excuse not to engage in cross-sectoral approaches:

"I think that cross-sectoral work can take up more time but in terms of the...qualitative aspect that can come out of it...that really becomes not relevant, but time is often used by people who don't want to do something...time can become a manageable thing..." [INT 01 DFPS].

Two other responses were also typical: "...there are bigger constraints than the time, you make the time" [INT 18 DFPS], and, "...when people are interested and give importance they give time, otherwise if they are not interested they will not give time" [INT 27 HMGN]. A quick phone call, a five minute chat or an email were seen as preferable to having no contact at all, but they were seen as a compromise where time constraints do not allow full consultation and deeper levels of cross-sectoral engagement.

Interestingly, the statement 'individuals are not rewarded for achievements in other sectors' was not prioritised by many Nepali Government respondents, which was contrary to the level of concern about incentives among Nepali Government staff arising within discussions. There were widespread reports that the Nepali government operates a strong incentive, reward and status system that is integral to all transactions and leads to high expectations for incentives. One respondent commented that where Ministry staff attempt to work cross-sectorally: "...not only are they not rewarded, sometimes they get into trouble, and if they get into trouble they may say...I'll stick to my own business" [INT 11 EDC].

A member of ministry staff emphasised that people are not given rewards and argued that individuals and sectors should be financially compensated for the sharing of ideas. More generally, many officials within the government are poorly paid and were reported to compensate for this by striving for positions with the greatest opportunity for accessing public funds and perks. One respondent claimed that ministers could "...earn an average of \$100 000 in six months..." [MEET 52 DNS] over and above their salary. This was consistent with reports from NSMP that many partners expect material gains for participating in project activities (NSMP 1998a).

Those questioning the need for incentives suggested it was sufficient to see effective development outcomes benefiting the poor: "...what more reward do you want when you see the number of mothers that were dying, are not dying" [INT 12 EDC]? Another respondent drew attention to the personal rewards of pursuing multi-sectoral approaches:

"I do a lot of multi-sectoral work, but I find the rewards are actually quite considerable...professionally because I'm meeting with other groups, I get a better understanding of development processes, I get to know other actors in the department...I learn a lot from it...In terms of my own annual grading, I get good grades because I'm seen as someone who can work across sectors...Certainly working on a multi-sectoral approach increases your workload, inevitably...the reward if you like is counter-balanced by the increase in workload" [INT 09 DLS].

Some respondents also added barriers they thought were missing from the five presented above and some of these additional statements were also prioritised by respondents as presented in Table 6.4.

The most frequently added and prioritised barrier referred to structural issues of power, top-down bureaucracy and hierarchy. This is a similar but converse statement to the most-frequently cited added facilitating factor 'top management support, champions and political commitment' (see Table 6.2). The consistency of these responses gives a clear impression of the importance given by respondents to hierarchical structures and power, and the role of top level support within these structures to either facilitate or act as barriers to cross-sector policy and practice.

Table 6.4 Barriers Added and Prioritised by Interviewees

Added Barrier	Percentage of Respondents prioritising barrier	Number of times added barrier prioritised (n=30)
Structural issues of power, top-down bureaucracy and hierarchy	13%	4
Different donors and sectors have different priorities and procedures	10%	3
Individual mindsets and protectionism	7%	2
More attention needed for incentives and disincentives on an organisational-level	7%	2
The need for better impact assessment for cross-sectoral approaches	7%	2
External Development Partner agendas being pursued	3%	1
Partners with different timescales and population coverage leading to implementation problems	3%	1
Partner governments organise themselves sectorally	3%	1
Lack of delegation	3%	1

The second most frequently suggested and prioritised barrier stated that both donors and sectors often have different priorities and procedures leading to a lack of consistency and agreement. The other most prioritised barriers that were added by respondents included protectionism, which links to the later section on territoriality and disciplinarity; individual mindsets and organisational-level incentives, which links to the discussion on individuals and institutions in Chapter Eight and the need for better impact assessment for cross-sectoral approaches, which links to the section on perceived benefits, also discussed further in Chapter Eight.

For graphs representing the responses in the post-it note exercise, a full list of barriers added by interviewees and a table containing a breakdown of post-it-note exercise responses by gender nationality and workplace see Appendix L.

The barriers identified above are linked to a number of other significant barriers to cross-sector policy and practice at DFID that respondents identified and that are outlined in the following sections.

6.5.1 DFID Policy Environment

DFID's organisational culture contributes to the environment in which policy is made, which in turn may facilitate or block the adoption of cross-sectoral approaches. In an attempt to gain more insight into the context within which cross-sector policy and practice is proposed, interviewees were asked to choose 5 words to describe the policy and practice environment at DFID. The words most frequently cited by respondents, those that contradicted each other and some key themes are presented in Table 6.5. For a table of complete interviewee responses see Appendix N.

All the words given by the interviewees were unprompted. There were no major differences in the responses from different levels of the DFID hierarchy, with a variety of positive and negative words used throughout. All of the words referred to the organisational culture within the DFID offices. The word that was most frequently used to describe DFID was 'competitive'. This competitive culture is illustrated by one staff member's comment:

"...what do I get valued for?...I get valued because I send something that sounds really nice to the Secretary of State, and everyone goes 'well done'...'you've put together a really nice document there'...and why do I put something out?...this is going to sound really cynical ...because I want to build my own reputation...And that gets more and more of an issue as you move higher up the organisation" [INT 03 DLS].

A competitive culture supports territoriality and disciplinarity, both of which act as barriers to cross-sector policy and practice. Despite the competitive culture, several other frequently cited words included 'focused', 'participatory' and 'consultative'. These three characteristics were viewed more positively in discussions with respondents and were thought to be conducive to good policymaking and implementation including cross-sector policy. However both 'focused' and 'participatory' were challenged by other contributions that contradicted them. In addition, although three respondents described the policy environment as consultative, both external and internal comments referred to the inadequate nature of consultative processes at DFID although there were some DFID staff who thought getting the job done with little or no consultation was sometimes more important.

Table 6.5 Words Used to Describe DFID's Policy Environment

Words cited by respondents more than once		No. of citations	
Competitive		4	
Focused		3	
Participatory		3	
Consultative		3	
Isolated		3	
Political		3	
Dynamic		2	
Flexible		2	
Fragmented		2	
Frustrating		2	
Non-participatory		2	
Sectoral		2	
Top-down		2	
Well-informed		2	
Contradictory data			
Flexible	2	Sectoral not flexible	1
Focused	3	Lack of focus	1
Participatory	3	Non-participatory	2
Supportive	1	Not supportive	1
Themes			
Hectic, Fast/deadlines, Time-intensive, Time constraints, Pressured, Demanding			
Focused, Lack of focus, No focal person, Government focus, Focus on mid-far west towards real problem, Social focused			
Confusing, Confused, Shifting, Dynamic/changing, Schizophrenic			
Well-meaning, Nice, Well-intentioned, Political correctness			
Well-informed, Knowledgeable, Talent, Strong management capacity, Capable			
Elite-driven, Crisis-driven, Supply driven			
Isolation, Glass-isolation, Remote			
Sectoral, Boxed, Different sectors, Sectoral not flexible			
Somewhat inhibiting, Intimidation			
Professional influence, Influencing			
Narcissistic, Arrogant, Ineffable conceit, Self-rectitude, Dogmatic, Sanctimonious, Piss-poor			
Whim, Back of envelope, On the hoof, Organic, non-systematic			
Top-down, Autocratic, Top down supply-driven, Directive, Elite driven (UK-Based staff dominate)			

There were a number of themes that emerged from the words that were informative. There were positive characteristics suggestive of supporting cross-sector approaches, including DFID being well-informed and knowledgeable. However, there were other themes that raised concerns in the context of cross-sector policy and practice including time constraints, shifting and confusing messages, sectoral and boxed, arrogance and top-down. These words created the impression of a less supportive environment for cross-sector policy and practice.

Respondents voiced other opinions about DFID's policy environment and organisational culture in response to the words exercise but also more generally. For example, concern about physical structures was raised by respondents a number of times within the words exercise, and more generally. Respondents described the environment of buildings and rooms, and the influence these had on cross-sector policy and practice. At DFID London comments were made about the difficulty of finding people and departments within the 'rabbit warren' structure of the building. Similarly, some words in Table 6.5 were described in specific relation to DFID Nepal's building, such as 'glass isolation'. This issue of physical structures also reappears in relation to a diagram example in Figure 7.4 in the next chapter.

Several respondents described DFID positively as demonstrating a willingness to engage in issues that many other donors and development agencies view as difficult and therefore choose to avoid. DFID was also described as having a constantly critical mind and to be always trying to improve itself as an organisation. Despite examples of DFID attempting to engage and adapt structures in response to the need for cross-sectoral approaches, many respondents thought DFID's structure and culture were inimical to cross-sectoral policy and practice. This was illustrated by one respondent's comment:

"...we are...restructuring in a way which means there is more incentive and greater flexibility within the structure to enable...different groups to work together, in...a sort of cross-sectoral way...the structure isn't going to do it, it's all about behavioural change, it's all about incentives...and you can...train people as much as you like but...if the incentive isn't there and the thinking hasn't changed it won't happen...How do you actually get people to make that shift in mindset about working together in a more interdisciplinary intersectoral way?...just rejigging things as to how we're organised isn't going to do it. It just means you basically throw everything up and it all comes down again in a slightly different configuration but basically, the same methods of working are entrenched" [INT 03 DLS].

This implies that structural change is not enough on its own to ensure cross-sector policy and practice. Equally, respondents thought individual changes in mind-set still need structural support. Both individuals and institutions are needed for significant changes to the way DFID works.

Several respondents referred to DFID's practice of regularly introducing new ideas and working practices. In this context cross-sector was viewed as a new buzzword by some respondents: "is it a new thing or is it a hot topic?...I think we've only really been talking about it in detail in the last couple of years" [INT 29 EDC]. For some respondents cross-sectorality was simply the latest trend that would eventually be superceded by another new trend and some staff were therefore reluctant to fully engage in cross-sectoral approaches:

"...I'm sure the livelihoods concept here, there are people keeping their heads down, people who've been around for 20 years, they don't want to touch this...I'm just going to carry on with my health project and not worry about it, let it all go over my head...you know we've done gender, we've done PRA, right what's next? I'll just keep my head down and not worry about it. And that is very much the traditional way of doing things...It all goes in cycles" [INT 15 DFPS].

Certainly many staff did not consider cross-sectoral approaches to be a new idea but thought they were recycled versions of previous initiatives such as the Integrated Rural Development (IRD) approach.

DFID's response to changing trends highlights the importance of learning within the organisation. For lesson learning to take place, organisations need to encourage reflection not only on good practice, but also on those experiences that don't go to plan. Yet, several respondents reported DFID was risk averse particularly in areas where impact is hard to prove. They also claimed the organisational culture exerts a strong pressure to succeed. DFID staff reported the need to be allowed to take risks and as one respondent argued DFID needs a culture that says "...it's OK to make mistakes..." [INT 05 EDC]. Indeed DFID was frequently criticised for giving the impression that that it has learnt all the lessons and the department now tries to impart its knowledge to others. This 'influencing' rhetoric was used frequently by staff and one member of DFID Nepal staff claimed: "...we are really very influential" [INT 25 DNS]. However, this attitude of influencing others with DFID ideas raised concerns among many non-DFID respondents and was often interpreted as arrogance.

This arrogance was described as having spilled over into the policy environment outside DFID, with DFID Nepal being accused of being insensitive to the policy context in Nepal. DFID Nepal was reported to be pursuing its own agenda and as one member of DFID Nepal staff stated, in terms of development “we’re telling governments how to do it” [INT 22 DNS]. Whenever they are working in partnership, DFID Nepal was described as keen to lead, while another respondent stated strongly that, “the donors bribe people”, by making money available to meet their own agendas [MEET 41 ACAD]. Cross-sectoral approaches were seen in this context as yet another agenda being imposed by non-Nepali external development ‘partners’ and as one member of DFID Nepal staff questioned, “...are we being...realistic about what we can or should be doing as guests in other people's countries” [INT 13 DNS]? This style of partnership between DFID Nepal and the Nepali Government creates a difficult policy environment in which to pursue cross-sectoral approaches.

Other barriers to cross-sector policy and practice in the external policy environment include the trend within Nepali culture where status frequently dictates people’s roles within meetings. DFID-funded project staff reported that often there was not an appropriate person at an equivalent level to invite to join a cross-sectoral group. In some instances where individuals of higher status were invited to groups, there were unwritten expectations about the roles they would adopt, rather than group roles being negotiated. This suggests the Nepali context and other settings where there are strong systems of patronage may create particular challenges to Western concepts of role negotiation within cross-sectoral relationships.

Another barrier to cross-sector policy and practice in the external Nepali context included the escalating conflict. The conflict was widely reported to be making service delivery more difficult:

“...the conflict has been escalating...because people don't have the basic services in the rural areas...there's no proper health...facilities, no education facilities. Even livelihoods and basic services...is not there in the field” [INT 25 DNS].

Indeed, the conflict has been the focus of arguments between the donor community and the Nepali Government over who is more to blame for poor delivery of basic services, widely understood to have contributed to the dissatisfaction fuelling the conflict. There were some respondents, however, who thought the shared concerns about the conflict actually created an opportunity for more cross-sectoral activity around shared issues such as security and service delivery.

6.5.2 The Disjuncture between Nepali and Donor Organisational Cultures

There were reports of a disjuncture between organisational cultures at DFID and their Nepali development partners. This disjuncture is not unique to DFID, but affects many relationships between Nepali and non-Nepali organisations.

As outlined in Chapter One, patronage systems common throughout Asia have led to the desire for improved personal status over and above work effectiveness, with reward systems and staff promotion rarely based on performance (Bista 1991; DFID 1998; Dixit 2002; Justice 1989). It was argued this leads to frequent staff transfers not always on the basis of merit or capability. Within NSMP documentation, it was noted that

“since the project began earlier this year there have been three governments, three changes of Director of FHD, three SMP co-ordinators and numerous other changes. This makes collaboration and co-ordination with central level stakeholders very difficult. There is currently weak co-ordination of the donors involved in SMP, leading to a fractured approach and a lack of overall programme planning” (NSMP 1998b:42).

Nepali organisational culture was described as utilising “soft management systems...that tilt if you press on them” [MEET 23 DFPS]. One respondent described that in Nepal these systems result in “vertical takeoff and nose-dive” [MEET 23 DFPS] rather than steady progress. Another interviewee reported “...in Nepal you take one step forward and three back, you are always in the same position” [INT 12 EDC].

On the other hand, staff from Nepali organisations and several other respondents were critical of Western organisations’ excessive use of expatriate advisors and high staff turnover through their widespread use of short-term external consultants. DFID

has also faced external criticism for its promotion and staff recruitment systems, where staff are often placed on the basis of salary grading rather than the most appropriate experience. These systems also prioritise management and administrative skills over country and development experience. The following comment illustrates some of these challenges:

“they buy in people who’ve worked in development for 30 years and then stick them to work with someone that’s been you know working for 30 minutes and assume you can achieve compatibility, a point which is by definition problematic...and...the advisors within DFID are totally disempowered now...the organisational power, not the intellectual power, which is where major clashes come, are located in the investment and management side of the organisation” [INT 08 DNS].

This was consistent with Chakrabarti et al’s report that DFID are placing “...a very high premium on the attainment and application of management skills...” (Chakrabarti et al 2002:21).

One respondent was concerned about the recent trend within the organisation to recruit highly academic social policy graduates rather than those with substantial community social development experience: “they tend to be recruiting LSE social policy graduates. Which is very, very different from people who have done...grassroots work” [INT 22 DNS]. One respondent even argued that “...the organisation...is permeated with individuals who are there for their own benefit and not the benefits of development” [INT 08 DNS].

Failure to understand these cultural and ontological differences leads many Nepali and Western staff to misunderstand, or face difficulties working in partnership with each other (Bista 1991). Indeed, one Nepali respondent reported that DFID Nepal: “...used to intimidate me because it was such a different place than where I work...” [INT 21 DFPS]. Donor ‘expert’ advice that fails to understand and adapt to Nepali belief systems and management practice may lead to mutual frustration and poor implementation of what are often described as donor agendas. The mismatch between DFID’s outcome-focused, quantitative, management approach and the Nepali soft management approach creates a continuous tension between these ‘partners’. Neither of these approaches is necessarily more successful than the other.

The questionable promotion and recruitment of staff on the basis of status or grade and the short-term nature of staffing that militates against building strong long-term relationships affects both Nepali and DFID cultures. However, both result in reduced chances for cross-sector policy and practice and Nepal's development suffers.

6.5.3 DFID's Focus on Outcomes

The gap between the rhetoric and reality of cross-sector policy and practice was reported by several respondents to be linked to DFID's strong focus on outcomes. This focus on 'ends' was described as detracting from processes and it was suggested that DFID's calls for cross-sector policy and practice are motivated by their pursuit of goals outlined in the PSA and TSPs: "...I think...why cross-sectoral working is coming into what we're doing is because all those pieces need to be in place simply to get to the endpoint you're looking for..." [INT 16 DFPS].

Where processes are viewed as a means to an end, investment in the processes themselves may be lower than in the desired endpoint. Indeed, many responses suggested DFID was not process-oriented: "...cross-sectoral working doesn't ever seem to be so much about consensual working and looking for the best of a situation so much as about affecting a product" [INT 16 DFPS] and another interviewee commented

"...it's not a culture where process matters...what's most important is getting money dispersed. And it doesn't matter about the quality of projects because that will be someone else's problem further down the line. What matters is that you've shifted that 20 million dollars...on time, and so you don't want to hear problems, you don't want to think cross-sectorally, you don't want to engage people in the process within the country because those are not functional to get your money spent" [INT 04 EDC].

One respondent suggested that DFID's priorities as an organisation were visible in their emphasis on outcomes: "if donors are really concerned with people they will employ broader programmes. If you want to show you are a good performer, you go for short term results" [MEET 15 DPN].

Respondents also described the emphasis on products and goals at DFID as being linked to the prominence of quantification and measurement:

“...DFID are always reminding...that the axe can fall at any moment if...[projects]...don't perform because the mentality within DFID is that we've got targets to meet, don't you forget it mate...if your funds are likely to be taken away and you get...a bad appraisal...then that's when you really feel the pressure” [INT 14 DFPS].

Processes, on the other hand, were described as challenging to measure, with cross-sectoral processes characterised by disparate and inter-related impacts in many sectors presenting monitoring and evaluation challenges. Respondents were mostly unaware whether DFID uses process indicators and most respondents were also unable to give examples of process indicators that could be used for monitoring cross-sector policy and practice. Indeed, the METCON evaluation of CLPN mentioned in Chapter Four struggled to assess CLPN's performance towards its stated objectives, many of which included cross-sectoral working practices with disparate impacts (METCON 2003).

The concentration on goals over processes was partly justified by DFID's need to be accountable, and certainly there were concerns that too much emphasis placed on improving processes was thought to be inefficient. This was particularly the case if it has little or negative impact on desired outcomes and where progress is difficult to assess. On the other hand, the current concentration on outcomes effectively overlooks processes and may result in poor processes that detract from overall outcomes.

Although many respondents thought processes were important and that they were currently receiving too little attention, there was some apprehension about switching to prioritising cross-sector processes as ends in themselves:

“I'm not sure about 'cross-sector aims are agreed and explicit from the outset'...because that actually elevates cross-sector working to an end in itself...One works cross-sectorally as appropriate to achieve other aims” [INT 13 DNS].

However, this respondent went on to comment:

“...the focus on endpoints...is correct in many ways...but it does then tend to close our minds to an awful lot of process work. And a lot of that process work is clearly going to involve a great deal more than one sector” [INT 13 DNS].

Some respondents thought that concentration on cross-sectoral processes would dilute sectoral messages. There were also concerns that failure of any one sector to champion cross-sectoral work may contribute to poorer overall impact. Many DFID office and DFID-funded project staff suggested that work focusing on other sectors or across the sectors is likely to take secondary priority to that placed on 'your own' sector:

“...I think that’s going to be one of the concerns that people have about cross-sectoral working that people are actually trying to get something for their own sector out of this...” [INT 14 DFPS].

Another interviewee questioned the benefits of sectors doing what was perceived as each others’ work, although this concept of cross-sectorality diverges from those presented in Chapter Three.

Goals were thought to be very important, but so were the processes of reaching those goals, as one comment illustrates: “DFID needs to use some of the capacity...dedicated towards a more product and resources evaluation, to look more at process evaluation” [INT 03 DLS].

6.5.4 The Disjuncture between Bureaucracy and Development

The positioning of DFID within the UK Government civil service results in a bureaucratic, hierarchical and political structure. Within this structure and wider international development circles, DFID is surrounded and strongly influenced by a market-oriented and target-focused philosophy. Several respondents thought that this philosophy does not juxtapose well with DFID’s stated development goals requiring pro-poor, participatory, people-centred approaches. DFID’s simultaneous pursuit of its political bureaucracy role and its development organisation role creates a tension. A similar tension was noted by Dean (2001) at the World Bank: “it became clear that the Bank’s dual nature as a development institution and also as a bank creates inextricable tensions in Bank work” (Dean 2001:66).

Respondents commented that within many levels of DFID, and particularly at DFID London, the political bureaucratic role is prioritised. One member of DFID Nepal staff commented that “...the problem is we have moved from being a development

agency to a government bureaucracy...it's gone backwards not forwards to a totally top-down bureaucracy..." [INT 08 DNS]. Accountability to the UK Government and electorate and to the international development community is stressed, but there is less emphasis on accountability to the beneficiaries of development – poor people. One DFID Nepal staff member commented that DFID is

"...driven by a number of vested interests, none of which is actually those of the common man, none of which is really closely empathetic towards the goals that they espouse, rhetorically...pro-poor development" [INT 08 DNS].

Another staff member commented

"...we are a Whitehall department, we are a part of UK Government. There are political sensitivities domestically and internationally. We must always be seen to be delivering taxpayers money effectively, efficiently, and to be looking for ways in which we reduce waste and inefficiency...That doesn't necessarily mean that failure should be considered in those terms" [INT 09 DLS].

Prioritisation of DFID's bureaucratic role was also criticised by this respondent as contributing to poor implementation of collaborative processes. DFID's development discourse emphasises a people-centred, gender-equitable, livelihood-focused approach and places emphasis on the importance of processes including cross-sector processes. However, DFID's bureaucratic structures were thought to dominate and favour boxed, sectoral approaches that were viewed as antithetical to people-focused development. The size of DFID would suggest that a bureaucratic structure has many advantages (Handy 1991), but DFID's development role may be disadvantaged within this structure and system. In addition, the importance of top-level messages of support for cross-sector policy and practice was identified within the post-it note exercise, and DFID's tendency to emphasise its bureaucratic political role may constrain its ability to send strong messages of support for cross-sectoral approaches, where departmental bureaucratic structures and systems are often sectoral.

6.5.5 Communication between the 'Multiple DFIDs'

Throughout data collection, no respondent mentioned the Cabinet Office, Centre for Management and Policy Studies or National Audit Office documents demonstrating UK Government support for collaborative approaches (Bullock et al 2001; Cabinet Office 2000; 1999; National Audit Office 2001). The lack of reference to these

documents when being directly questioned about cross-sector policy and practice suggests that even if staff know of these documents, any messages supporting collaborative approaches have not been assimilated by respondents. However, some of the DFID documents calling for cross-sectoral and other collaborative approaches were mentioned by respondents mainly from DFID London, and these included the White Papers, the Target Strategy Papers (TSPs) and 'Going From Strength to Strength' (Chakrabarti et al 2002; DFID 2001b-e, 2000a-f, 1997a). As the following comment illustrates: "I would say that this 'Going from Strength to Strength' is a strategy really in terms of working in most effective ways which includes cross-sectoral working" [INT 02 DLS].

Good communication and connectivity is needed between different parts of the DFID hierarchy, in order for the Department to ensure policy directives are operationalised. This includes successful implementation of its calls for cross-sectorality. Cross-sector policy and practice relies on good horizontal links but other directional links within the organisational structure also impact on cross-sector policy and practice. However, DFID was described by one member of staff as "...a very fragmented, broken-up, loosely coupled organisation..." [INT 08 DNS]. Linkages were described as weak and the bureaucratic structure as highly hierarchical. Poor links between the different levels of DFID will result in weaker bridges between policy formulation and implementation and between sectors in the organisation (see Handy 1991). Indeed, communication about the importance of cross-sector policy and practice between DFID London and the other DFID levels was reported to be poor. DFID London and East Kilbride were described as 'remote' from country advisors and along with DFID Nepal, were also seen as 'distant' from the beneficiaries of their work. Although respondents were aware that DFID is committed to working with the poor, the further one progressed from DFID central-level the less aware people were of DFID's work and objectives.

One respondent criticised top management within DFID for not being joined-up and argued that this constrains cross-sector policy and practice throughout the organisation. This argument was endorsed by reports that many policy directives are

imposed from the 'top-down'. This perceived imposition of policies from the top was demonstrated during data collection at DFID London in 2002 when a new poster outlining 'DFID Core Values' appeared on many of the office walls. Despite being agreed in 2001 and being included within some DFID documents (DFID 2003a), staff respondents were unaware of the posters' origins and assumed they had been decided by senior management more recently and without staff consultation. Related to these concerns about top-level imposition of policies, respondents mentioned that the former International Development Secretary of State, Clare Short, had a significant influence on the direction of policy and work in the department.

At country-level in DFID Nepal the organisational structure has a flatter hierarchy but respondents raised similar concerns about vertical operational patterns. Respondents reported the top-down imposition of policies with a lack of opportunities for discussion. The DFID Nepal advisors were also reported as not relating well to one another and cross-sector messages were not strongly emphasised. Linked to earlier discussion about the relationship between DFID and Nepali organisations, DFID Nepal also faced criticism for exerting its hierarchical style of management externally by directing the Nepali government what to do.

DFID's top-down management style also impacts on contracted management arrangements, with one individual describing DFID as tightly controlling their work: "...my inputs and my terms of reference were very much managed so I would produce what they wanted, in a style they wanted..." [INT 06 EDC]. This does not portray the partnership style of working so frequently espoused in DFID documents. Cross-sectoral messages were described as virtually absent between DFID and contracted managers and formed no part of their Terms of Reference, with one manager commenting "...they sort of hint at it" [INT 29 EDC]. Instead, contracted managers thought DFID was far more concerned to ensure it produces a product, hence managers concentrate on delivering specific goals they know will guarantee payment and will result in what is judged to be a successful consultancy, although as one respondent noted, "...if you do that, you are immediately limiting cross-sectoral working..." [INT 15 DFPS].

Project staff were engaging in cross-sector activity and demonstrating commitment to cross-sectoral approaches. However, this was not thought to be supported or encouraged by DFID advisory staff in Nepal. As one respondent from a DFID-funded project explained “...we somehow work cross-sectorally, but we are not evaluated or assessed whether we are being cross-sectoral or not” [INT 21 DFPS]. Certainly, DFID-funded projects’ logical frameworks did not include references to cross-sectoral processes. DFID was thought to look unfavourably on project suggestions to work cross-sectorally, with one respondent from a DFID-funded project reporting “we proposed that we work with other DFID-funded projects...but it was not really appreciated...” [INT 21 DFPS]. Staff were asked to remove references to working with other projects from their documentation. As one respondent commented, DFID seemed more concerned with targets:

“...we've got an evaluation that's going on now and I'm not sure that the cross-sectoral impact is being even thought about, even though we have advised that it is thought about...It's likely that it's only the direct impact, direct beneficiaries of your programme that are going to be looked at, even though quite a significant impact that we've had in the last six months has been on other sectors” [INT 14 DFPS].

Project staff also raised concerns that DFID Nepal was encouraging them to extend coverage, rather than build on and work together with other projects in one location. DFID Nepal emphasised the quantitative target of reaching the maximum number of beneficiaries, and this was perceived by respondents to often reduce the opportunities for cross-project and cross-sectoral working. Project staff reported a lack of top-level support for cross-sector policy and practice. Indeed, several staff argued that where cross-sectoral approaches were being adopted at project-level in Nepal: “...it is in spite of and not with, but outside of DFID” [INT 08 DNS].

There was one exception, where a key DFID Nepal advisor was thought to be particularly supportive of cross-sectoral approaches. One member of project staff reported that the advisor suggested they should

“work with other DFID programmes and we did, and now we have good linkage...and good cross-sectoral work with a lot of programmes. If he hadn't encouraged us to do that, if he'd blocked it we wouldn't be doing any of it and so it was very dependent on a

willingness from a project officer and the contacts they could make with other project officers to allow them to give legitimacy to that type of work” [INT 14 DFPS].

This positive report was, however, linked to the frustration that this particular advisor was no longer responsible for this project and the new person taking on this responsibility at DFID Nepal was reported to be less keen on cross-sectoral approaches. This contributed to the widespread perception of many DFID-funded project staff that DFID Nepal was constantly shifting its messages about what was wanted from projects:

“...we saw a classic example of it again yesterday, where the message coming from within the room from three different people was different messages...and...from one of them also you were thinking, wait a minute, the message you’ve just given is the opposite message you gave me yesterday or the day before...” [INT 16 DFPS].

These mixed messages and lack of agreement over the approach projects should take, contribute to a ‘distance’ between some advisory and project staff (see footnote 24 on page 183).

Project staff rationalised the use of cross-sectoral approaches mainly through the perception that these processes were more responsive to poor people’s livelihoods, rather than in response to communication directives from DFID London that this was desired departmental strategy. The importance of top management support for cross-sectoral approaches identified in the post-it note exercise, suggests that this lack of communication of strong support for cross-sector policy and practice throughout DFID weakens the likelihood of operationalising cross-sectoral approaches.

6.5.6 Prioritisation of Central Government-level Support

Reports of greater levels of cross-sectoral activity and engagement at project- and district-levels, raises a dilemma for DFID and the broader development community. Their current emphasis on ‘scaling-up’ to larger programmes of government support including SWApS and PRSPs, and away from small-scale projects, was described by some respondents as inconsistent with DFID’s concurrent calls for cross-sector policy and practice. Indeed, small-scale projects were highly unpopular among many DFID office-based respondents.

Some DFID-funded projects in Nepal such as DHSP and CLPN, were viewed by DFID Nepal staff to have had a lack of impact on poor people, which in turn is perceived to have contributed to the conflict in Nepal. However, the cross-sectoral nature of CLPN, and DHSP's role in providing strategic support to health systems in Nepal, makes impact measurement difficult with successful impact frequently being experienced in other sectors and organisations rather than their own. The difficulty of measuring the impact of cross-sectoral and system support projects makes them less attractive to DFID where a focus on goals and coverage is emphasised:

“the most extreme case I've seen...is when you're talking about target groups and for example if you're working with one community, then another organisation won't be encouraged because those numbers are already counted...the pressure is on reaching people...focus is on coverage it's on impacts...double counting may...not be regarded as impact...” [INT 14 DFPS]

This may explain the stronger support for the more measurable EOC focus of NSMP and the belief in their project's success among DFID Nepal staff. Project staff at DHSP and CLPN countered criticisms of their less measurable outcomes by suggesting that the direct impact of projects may appear small but many other initiatives outside the projects would not have moved forward without their work. DFID was also criticised for giving cross-sectoral and system support projects timescales that were too short to demonstrate important but often disparate impact. One member of project staff even suggested that DFID Nepal was finding it difficult to accept some of its projects were successful because this was undermining its argument for moving away from projects.

In response to DFID's calls for maximum coverage and in an attempt to retain cross-sectoral collaboration, some respondents suggested that instead of scaling-up, projects could increase their synergy and impact by 'scaling-across', i.e., working together in specific districts. This approach is seen as piecemeal and unsustainable by those in favour of government support initiatives. However, supporters of smaller-scale activity claim it is preferable to have small pockets of good practice delivering to poor people than a large bureaucratic programme with poor connections to intended beneficiaries.

On the other hand, large-scale initiatives such as PRSPs and government budgetary support were thought by some respondents to have the potential to encourage cross-sectoral linkages, although if budgetary support is linked to SWAps this may lead to more sectoral approaches. One respondent thought that if SWAps were well conceptualised and implemented they could still support cross-sector policy and practice despite their strong sectoral focus but a greater number of respondents argued SWAps reinforce sectoral ways of working. SWAps were thought to undermine cross-sectoral approaches by centralising and nationalising issues and clashing with cross-sectoral PRSPs. One respondent from DFID Nepal commented

“...it's a balance, because there is no doubt on this earth that the logic of moving to general budgetary support is correct. About reducing transaction costs, reducing leakages...sustainability...and transparency...the problem...is that...it requires a massive amount of capacity, and in Nepal it doesn't exist...It even more doesn't exist in local and district areas...there are no institutions now through which we can talk about transparency and accountability and representation and articulation of people's needs...because there is none...so therefore we are living in a bubble of unreality if we go down that model” [INT 22 DNS].

Criticism was directed at the Nepali Government's capability to effectively partner some of these government support approaches that assume a high level of capacity. The Nepali Government was described as a “puppet government...it has zero...credibility and accountability, nothing” [INT 22 DNS], and as another respondent pointed out

“...if it could develop credible...sectoral...cross-sectoral policies then it wouldn't need any help from outside in the first place, because it would be at quite a high level of development...” [INT 04 EDC].

DFID faces criticism that government-level partnership exposes a gap between DFID's rhetoric of working with the most socially excluded and poorest, while predominantly working with country elites at ministerial-level. There were frequent comments that DFID risks becoming detached from the reality of its beneficiaries and those implementing its policies.

DFID's calls for both sectoral and cross-sectoral approaches may result in confusing messages that detract from the likelihood of both processes being implemented. Similarly the continued emphasis on scaling-up when smaller-scale project work is

achieving higher levels of cross-sectoral engagement suggests a move away from projects may reduce opportunities for successful cross-sectoral collaboration.

6.5.7 Disciplinarity and Territoriality (1)²⁸

DFID staff encompass a wide range of valuable disciplinary backgrounds that influence their work. However, respondents reported difficulties getting the different professional disciplines to work effectively together and that this was a key barrier to adopting cross-sectoral approaches. Differences in vision and thinking between disciplines were reported to be a challenge: “...are you going to form shared ideologies effectively in a cross-sectoral team” [INT 14 DFPS]? This respondent goes on to comment

“...my experience here in Nepal is that DFID see themselves as technical specialists, and the more technical specialists you get, the less generic you get and the less capable you are of understanding and communicating with other technical specialists...and it would require a lot of de-experting of people in order to communicate with other people” [INT14 DFPS].

The departmental priority assigned to different disciplines has led to inequalities of power thought to be a cross-sectoral barrier. For example, many development organisations’ outlooks have previously been accused of being dominated by economics. Staff reported that in the past, most senior jobs at DFID went to economists and administrators leading to hegemony of this particular approach. One project respondent commented

“...I think it would be interesting to look at the power relations in cross-sectoral teams and...which types of knowledge are more highly regarded. The disciplinary make-up of teams will influence that for sure, so will country directors and their particular influences, backgrounds and so on. Because what we’re doing is we’re taking disciplines, which have different types of knowledge, different knowledge bases and putting them together and they’re supposed to suddenly recognise each other’s disciplines and knowledge...” [INT 14 DFPS].

Another interviewee commented: “...I think generally we tend towards our own type and I think that happens very easily with sectoral knowledge as you tend towards people who studied the same subject...” [INT 02 DLS]. There were numerous

²⁸ Disciplinarity and Territoriality (2) is found at section 7.4.3 and comprises specific disciplinarity issues involving the health and education sectors.

reports of specific problems arising from the health sector dominating cross-sector processes and this is discussed in Chapter Seven.

DFID sectors were described as trying to adapt themselves in order to gain influence by moving towards the centre of the organisation's current goals or activity. This links to the key barrier identified in the post-it note exercise where this behaviour may be interpreted as an attempt to increase or maintain particular sectoral budgets. Certainly, staff described the fear of budget cuts as a concern within cross-sectoral approaches.

There was a widespread perception that the process of working together across sectors and disciplines is challenging. Several respondents thought people found it hard enough to join up within sectors without having to tackle joining up across sectors. There were numerous reports of unsatisfactory cross-sectoral attempts involving territoriality and one respondent clarified cross-sectoral approaches as: "...very equal consultation, not what do you think, we've already done it" [INT 16 DFPS]. Other similar comments included:

"...there are big challenges...in breaking down the empires that already exist and saying well, this is an area we should both work on more than this is an issue we're working on and you can contribute to our work...so cross-sectorality can mean for certain people, simply, we'll have this topic and you can help us with it..." [INT 04 EDC];

and

"...and maybe things are sort of initiated that way and that's OK, somebody has an agenda so they bring people together, but it's how the process works from there...does it continue to be one person's agenda that the others are bullied into or lose interest...do you get to keep everyone happy" [INT 06 EDC]?

One staff member from DFID Nepal was described by another respondent as having stated that cross-sector policy and practice was unnecessary to his work, and that he didn't need to talk to people in other sectors because everyone was running their own sectoral programmes. Another respondent commented "...you've got to be seen to be ridiculously busy, there's no incentive for staff to have to go looking for work in other departments..." [INT 04 EDC].

Respondents identified DFID's reliance on partnership with sectoral ministries within the UK and other country governments as another challenge to cross-sector policy and practice. This echoes Moser's claims that "there are enormous organisational problems associated in the co-ordination of cross-sectoral planning in ministerial structures based on sectoral planning procedures" (Moser 1993:124). Sectoral systems can create ownership and responsibility issues, as the following comment illustrates:

"DFID and government are very much alike and link in the same way...my experience of trying to get education, health and local development together is very, very difficult and invariably leads to finger pointing one way or the other...it's your job, no it's your job...Local Development say it's your job, Ministry of Health to work out how you will decentralise, but the Ministry of Health says, but you have to advise us, Ministry of Local Development as to how we do such things because we're not specialists in decentralisation...So it's an opportunity for major buck-passing, which is obviously what they've been doing for 30 years" [INT 15 DFPS].

Despite these barriers, sectoral structures were thought by some respondents to be useful: "...I think a degree of sectorality for functional bureaucratic reasons probably needs to be kept. I think there is a danger in going too much towards generic development workers..." [INT 04 EDC]. However, where sectoral structures are changed in order to be more facilitative of cross-sectoral approaches, as in DFID's Policy Division Review there were other challenges. Where sectors no longer exist, staff are identified by the teams they belong to and the term cross-sector suddenly seems obsolete. Although staff still have their disciplinary identities these are not immediately apparent in cross-sector teams:

"if they don't bring what they've got to bring from their individual sectors...lets take it to an extreme then there are no longer sectoral people and you have no sectoral richness...I think it's a real problem, because if you take away from people their professional identity then you take away from them the opportunity for cross-sectoral working because they've got no sectors to come from" [INT 13 DNS].

The challenge is to balance sectoral or disciplinary specialisms and for these groups to work together more effectively:

"...I do think it's possible to work cross-sectorally and have specialist teams. I would personally be worried if there was a massive shift towards...more wishy-washy forms of generic work where specialisms and institutionalist knowledge isn't recognised...because then you just get into this rather shallow development speak, and no one has sufficient knowledge about a particular area" [INT 14 DFPS].

6.6 Conclusion

This chapter has described some of DFID's significant attempts to increase cross-sector policy and practice: through changes in the structure of Policy Division; discussion of useful theoretical models and core team working at the DFID London and Nepal offices; and through adoption of some cross-sectoral approaches at project-level. Despite DFID's emphasis on cross-sector policy and practice within documents and attempts to improve cross-sectoral approaches, these messages have not been communicated well through the organisation and there is a lack of commitment to operationalising cross-sector policy and practice. This is demonstrated, for example, through cross-sectoral engagement at project-level reported to be taking place in spite of DFID. However, DFID faces some significant barriers to implementing cross-sector policy and practice. The key challenges identified by respondents included:

- the organisational culture and policy environment at DFID particularly in relation to competitiveness;
- the relationship between DFID and Nepali organisations influenced by mutual misunderstanding of organisational cultures and systems;
- DFID's strong focus on outcomes over and above processes;
- the disjuncture between DFID's political bureaucratic role and its development role;
- the top down nature of policy communication between the different levels of DFID and the lack of strong cross-sectoral messages within the organisation;
- DFID's prioritisation of government-level support and move away from project-based approaches where the greatest levels of engagement in cross-sector policy and practice are taking place at project-level; and
- the strong territoriality displayed by sectors and disciplines particularly in relation to budgets and collaboration.

In addition to these challenges, implementation as an integral part of policy processes and the importance of top-level champions and political commitment were identified as key facilitating factors and sectoral budgets were identified as the key barriers to

cross-sector policy and practice. These findings should be useful to DFID and other organisations interested in pursuing cross-sectoral approaches.

Chapter Seven: Cross-sector Policy and Practice between Reproductive Health and Women's Education at DFID

The second research question outlined in Chapter One asked: Is there evidence of cross-sector policy and practice between reproductive health and women's education at DFID? This was accompanied by the following sub-questions: What are the rationales for cross-sector policy and practice in this area? Is the DFID environment conducive to cross-sector policy and practice in this area? In response, this chapter explores cross-sector policy and practice between reproductive health and women's education at DFID. The chapter begins by exploring DFID's definitions and interpretations of reproductive health and women's education and the rationales for cross-sectoral approaches between these two areas. Evidence is presented of DFID's attempts to adopt cross-sectoral approaches between reproductive health and women's education. However, the policy-to-implementation gap outlined in Chapter Six was evident and another research-to-policy gap was also highlighted. DFID faced some barriers to bridging these gaps many of which were outlined in Chapter Six, but some of which were highlighted by specific attempts at cross-sectoral engagement between reproductive health and women's education. These barriers included: poor knowledge of the reproductive health and women's education research; the disjuncture between the interpretations of the reproductive health and women's education research and rights-based approaches; specific health sector territoriality barriers; and the failure to maximise catalysts to cross-sectorality. All of these challenges raised by respondents are presented here.

7.1 Interpretations of Reproductive Health and Women's Education at DFID

DFID highlights its commitment to both reproductive health and women's education, and to health and education more generally, within its documents. These documents do not demonstrate the same level of commitment to cross-sectoral connections between reproductive health and women's education although there are occasional hints at this connection. The exception is HIV, where DFID highlights the necessity of contributions from all sectors. One respondent commented

“...HIV...within DFID...some departments have grasped it...that they will achieve nothing in their sector unless they address HIV...and the impact on their sector and the impact of their sector on the epidemic...but there have still been...quite serious obstacles to...getting...a seamless group of people...working well together” [INT 10 DLS].

Some respondents suggested that DFID demonstrates narrow interpretations of both reproductive health and women's education. DFID was described as interpreting the International Conference on Population and Development (ICPD) agenda more narrowly than the intended broad view of sexual reproductive health (SRH) and rights including HIV. The MDG targets are quantitative and universal, and DFID was reported to be interpreting them through their Target Strategy Papers (TSPs) in a sectoral manner: “...the TSPs...from the...international development goals...some of them are more sectoral than others...but they are sectoral” [INT 04 EDC]. Reproductive health and women's education constitute a substantial proportion of the MDG targets, yet respondents reported little acknowledgement of the crucial links between these development areas. Despite their stated understanding of the interdependence of the MDGs, DFID was reported to be failing to stress the cross-sectoral connections necessary for ensuring broad sexual and reproductive rights or other cross-sectoral targets are met. However, this quantitative and sectoral approach to reproductive health and women's education was defended by one member of DFID Nepal staff:

“...the nature of targets and the nature in which targets are being set...it does have the possibility of narrowing...horizons...we're talking here about something...that's intergenerational...and unfortunately governments, organisations if they're going to set any meaningful targets they have to be held accountable in those terms...” [INT 13 DNS].

DFID Nepal and the Nepal Safer Motherhood Project (NSMP) faced criticism for interpreting safe motherhood narrowly, focusing almost exclusively on maternal mortality reduction (MMR) and contraceptive provision: “Many initiatives in Nepal are family planning...safe motherhood focused rather than broader” [MEET 06 DPN]. Within the MMR remit they were also criticised for having an even narrower focus on Emergency Obstetric Care (EOC). When choosing NSMP as a site for collecting research data, it was noted that the project's agenda was specifically safe motherhood and not broader reproductive health but that they were attempting to

make some connections between safe motherhood and education. One member of staff justified the focus on maternal mortality at NSMP:

“...there's...tension between those that believe that safe motherhood is about reducing maternal mortality. In which case...there are...some quite focused interventions that will make a difference...but then you've got another school of thought...that says safe motherhood is about promotion of maternal health...those people...link into...working cross-sectorally because it's about empowering women, it's about women's education, women's ability to make decisions about their healthcare and seeking healthcare...and it's about their economic advancements so they can pay for better healthcare and so on...The other school of thought are saying well that's fine and...we don't disagree that women's empowerment is necessary and it's a human right. However, if the issue is to save their lives then let's focus on what we can do within the next...number of years...without generational changes being necessary, to change the position of women” [INT 23 DFPS].

Those criticising the NSMP approach for being too narrow argued “...the safe motherhood issue...is beyond the health aspect...many health issues are related with social issues, social development...” [INT 18 DFPS]. Two other comments also make this point:

“...how can you talk...in Nepal about reproductive health, or women's health, education...women in particular will not cross a bridge or a river because of their beliefs of the spirits in that river?...you have to be working with that and acknowledge that...it's fairly easy to put up a bridge, but to break down some of these traditional ways of thinking...is much, much more challenging...its not something that's going to change overnight...and it's going to take a lot of effort to be convincing people...that there is a value in the women at all and then enable her to cross that river to get to the health services” [INT 01 DFPS];

“...cross-sectoral...to me that's normal, that's good development. You can't just look at clinical issues in a hospital without thinking about...how are women treated...are their families with them?...What are the social and cultural issues to that experience of health?...rather than just the clinical bit of the experience” [INT 06 EDC].

Despite the research evidence presented in Chapter Five, some NSMP and DFID Nepal staff failed to recognise the connection between education policy and practice and decreases in maternal mortality. On the other hand, they argued EOC has demonstrated quantifiable decreases in maternal mortality in international settings (DFID 2002L). Other staff reluctantly conceded that women's education had an impact on maternal mortality: “it reduces the number of deaths because it reduces the number of pregnancies” [INT 23 DFPS]. Although educating women alone may not improve the rate of maternal mortality for women, education remains a preventive

approach that may reduce the number of pregnant and labouring women and so, in turn, has the potential to contribute to reducing the incidence of maternal mortality.

If MMR initiatives focus narrowly on clinical services, there is no guarantee that women will use the services if other factors contributing to MMR such as access barriers are not addressed. One respondent commented

“...the Nepal Safer Motherhood Programme...their approach has been to improve districts and hospitals primarily...in order to provide a base where people can get to emergency obstetric care. But they found that even having provided these sort of services people still weren't accessing them...” [INT 11 EDC].

NSMP's remit does include addressing access and other social development issues and they have initiated some positive programmes to improve access to EOC. However, respondents reported that rather than being integral to NSMP, EOC programmes, access and other social development issues were seen as secondary priorities and were often overlooked. NSMP was criticised for taking a sectoral outlook and one respondent described the project as very medically focused and as “looking at social development through medical glasses” [MEET 47 DPN].

DFID Nepal adopted a broader approach to health, including reproductive health, through the work of the District Health Strengthening Project (DHSP). DHSP's broader focus on health systems strengthening supported the more specific focus of NSMP. However, in the DFID environment that values quantitative measurable impact, NSMP tended to be viewed more positively than DHSP by DFID Nepal staff. DHSP's disparate outcomes are difficult to measure and they were therefore often interpreted as having poor impact. DFID was therefore thought to be more supportive to projects with narrower agendas or more easily measurable outcomes.

In the education sector, DFID also faced some criticism for adopting a narrow approach. Primary education was emphasised over and above other levels of education. This was thought to be due to both the focus on primary education within the MDGs and to the former International Development Secretary, Clare Short's, preferences for primary education. Promotion of primary schooling is inter-linked to the promotion of women's education, yet, the importance of women's education

articulated within the MDG agenda and DFID documentation was not translated into strong support for women's education at DFID Nepal. Therefore it was difficult to assess how the women's education agenda was being interpreted in practice. Indeed, more general support for education at DFID Nepal was questioned:

"that's one of the things I don't see happening as much as I'd like to. DFID...have lost their education advisor...in a country where probably more than half the adult population are non-literate. What are they doing without an education advisor?...I know they have got somebody in the Ministry but...he's seconded..." [INT 14 DFPS].

Another respondent also questioned DFID's lack of emphasis on education and literacy in the Nepali context: "...women's literacy...what is it 25% or something...it's unbelievable, it's utterly staggering" [INT 22 DNS].

The main way in which DFID Nepal is engaging in implementing educational initiatives was reported to be through the work of the Community Literacy Project Nepal (CLPN). DFID Nepal's support for CLPN suggests an interest in broad, innovative approaches to literacy that were outlined in Chapter Four. However, there were concerns that although one or two members of DFID Nepal staff had supported this project, others continued to hold more traditional views about the need to increase Nepal's national literacy statistics using more traditional literacy classes. Traditional measures of literacy are easier to measure than the broader CLPN approach and this may be one of the attractions to some DFID Nepal staff. Yet this raised concerns that DFID Nepal may be overlooking the important, subtle impacts of development taking place within individual lives, as the following examples illustrate:

"...people...were very poor...they didn't have food in their stomach, they were starving, they were unemployed, underemployed and they were selling bits of their house to buy food. That's what I mean by poor. I don't really believe that...literacy was going to have a huge impact in making them more wealthy. However, what I did observe was that they were managing their poverty better and able to avoid the extremes of poverty, for example, allocation of resources within the household...that they wouldn't have been able to do otherwise. So they ain't gonna get rich, and they probably aren't going to get all that healthy but they might become less poor and less ill because of it...I think those are the kind of subtleties of contextualised analysis that are required...to understand the likely impact of...programmes in a particular culture" [INT 14 DFPS].

Another respondent reported

“...I saw...one 60 year old lady was in the field with the cattle, but with a book. So I asked her why are you studying and she said oh, my grandchildren ask me, what is this?...and what is this?...and I feel so sad because I cannot teach them, so I am learning to teach them...people's motivation must be there for learning” [INT 17 DFPS].

These subtleties of development challenge a quantitative, measurable view of development that DFID was described as prioritising in Chapter Six. One interviewee commented “they don't want to get into this mess they want to see crisp, clear impact...” [INT 21 DFPS] and this may have contributed to some DFID Nepal staff being highly critical of CLPN, claiming the project has had minimal impact.

Relatively narrow definitions of reproductive health, education and literacy alongside a paucity of calls at DFID to connect reproductive health and women's education suggest the need to explore the motivations behind any connections between these two areas. The following section outlines the rationales given by respondents for pursuing cross-sector reproductive health and women's education. This is followed by a section that presents respondents' examples of cross-sectoral connections between reproductive health and women's education.

7.2 Rationales for Cross-sector Reproductive Health and Women's Education at DFID

Most respondents thought that making cross-sector connections between reproductive health and women's education is beneficial. Despite patchy knowledge of the research presented in Chapter Five, many respondents' rationales were linked to this evidence. Six main rationales were given, two of which (the people-focus and synergy rationales) overlapped with more general rationales for pursuing cross-sectoral approaches from the literature or given by respondents and outlined in Chapters Three and Six. The six rationales for pursuing cross-sector reproductive health and women's education were: (1) People focus: ensuring reproductive health and women's education are relevant to people's lives; (2) Synergy: health and education approaches together create a synergy with potentially greater and more sustainable outcomes; (3) Health impact: prioritising the health benefits of connecting reproductive health and women's education; (4) Education impact:

prioritising both reproductive health and women's education in order to gain educational benefits; (5) Population control: promoting women's education in order to achieve fertility regulating benefits; and (6) Broader development impact: recognising there are general development benefits from linking reproductive health and women's education.

7.2.1 People Focus

In common with the generic rationales for cross-sector policy and practice, some respondents argued that people's lives are cross-sectoral and therefore cross-sectoral reproductive health and women's education is more responsive to their lives than separate planning and services:

“...bringing together important issues for people...and unless they are brought together in a...way...that people can relate to...in terms of their daily lives...it's not going to be meaningful, so if you put women's education out here and reproductive health over there...that's not where people's lives are, because they're whole...all mixed up...and difficult...and this is sort of centred, and clean cut...and nobody's lives are like that...” [INT 01 DFPS].

7.2.2 Synergy

In common with Caldwell's (1986) research mentioned in Chapter Five, one respondent argued that “education and health need to be put together for maximum impact to be seen...synergy” [MEET 29 DPN]. This argument shares some common ground with the efficiency and effectiveness rationale from Chapters Three and Six.

7.2.3 Health Impact

The third rationale interviewees reported for pursuing cross-sector reproductive health and women's education was to maximise potential health benefits. Educating women was thought to contribute to increased utilisation of health services, better health and survival of children, improved family nutrition and better preventive health choices. The following comments were typical: “it was certainly a well known fact...that if you wanted to improve women's health then...women's education was a step to that goal” [INT 11 EDC]; and

“...women who are better educated or able to make use of information...turn that into awareness and...therefore articulate demands...for quality services...so the informed service user...better educated women with...more economic power...with more

confidence are able to negotiate with their sexual partners in a way that is protective...” [INT 13 DNS].

One respondent claimed that a reproductive health rationale has been the main reason women’s education has been promoted in Nepal “...and this has been the reason in most cases that funding has been available for women’s education” [MEET 05 EDC].

7.2.4 Education Impact

Several respondents with an education background rationalised pursuit of cross-sector reproductive health and women’s education on the basis of beneficial impacts on education. They argued that linking reproductive health and women’s education “improves chances of future generations of children going to school...” [INT 24 EDC]. They also argued linking these areas increases the chances of girls enrolling and continuing at school, of families being able to afford to send their children to school if they have fewer children and because maternal education impacts positively on child health it can therefore improve longer-term school attendance.

7.2.5 Population Control

The fifth rationale suggested by respondents emphasised the role of women’s education in reducing fertility levels. This relationship was thought to be particularly important in countries such as Nepal with high maternal mortality rates. In the light of discussion in Chapter Five, this remains a controversial rationale where human rights and women’s agency are often overlooked in the face of simplistic causal claims. Population control remains tainted by motivations based on economic growth, maximising productivity and presumptions about low fertility being a ‘good thing’. Nevertheless, there was evidence that this rationale continues to receive substantial support within the rhetoric of the Nepali Government and some donors. As one respondent proudly claimed “...our fertility rate is going down...because of the increasing education status of women...” [INT 28 HMGN].

7.2.6 Broader Development Impact

The sixth rationale respondents gave for pursuing cross-sector reproductive health and women’s education was on the basis of perceived benefits for broad

development outcomes. Most examples were more accurately described as general development benefits from improved education alone. The following comments were typical: "...the government has already recognised...education is the main vehicle for poverty reduction...education brings changes in...many areas..." [INT 30 HMGN], and "...I think education would make them much more aware of their own rights...and it's not only women that are benefiting, I think it's the whole family..." [INT 25 DNS].

It was noted that this argument for broader development impacts was a rationale receiving top-level support: "...the argument...is one that Clare Short personally makes quite a lot...that the way to better health, better development outcomes generally...is educating women and children" [INT 10 DLS]. One respondent also spoke of a "glass ceiling" [MEET 11 DFPS] that non-literate women find difficult to break through, that acts as a barrier to them benefiting from broader development.

7.3 Examples of Cross-sector Policy and Practice between Reproductive Health and Women's Education at DFID

DFID was described as making some weak links between reproductive health and women's education in its policy and practice at all levels of the DFID hierarchy. As one interviewee argued

"...from my experience so far, I would have said...that there was no cross-over at all. I think there's tokenism given to it...but in really being strategic about it, I don't think it is there" [INT 01 DFPS].

Another respondent was "not sure it has gone into policy...DFID has few links between education and health" [MEET 39 EDC]. A point that was reiterated by another interviewee: "...I'm not aware of any strong links between education and health..." [INT 04 EDC]. However, the reproductive health and women's education research body was described by one interviewee as forming an unspoken basis on which DFID's reproductive health work is based.

The Target Strategy Papers (TSPs) (DFID 2001b-e, 2000b-f) and a paper commissioned by DFID entitled 'The Role of Education in Promoting Young

People's Sexual and Reproductive Health: Safe Passages to Adulthood' (Warwick & Aggleton 2002) were the only documents cited by respondents that outlined any promotion by DFID of cross-sectoral links between the health and education sectors. These documentary examples were cited almost exclusively by DFID London staff.

The TSPs, and the MDGs they mirror, were criticised earlier for not linking the sectors particularly effectively. Certainly there were only surface level links between health and education in the TSPs and DFID staff conceded that there were missed opportunities for cross-sector approaches:

“...looking at our main policy paper, ‘the challenge of primary education’, I think that it's fair to say that it's insufficiently multi-sectoral, that it's still pretty much in the education basket. It does sort of genuflect in the direction of these other benefits, but...it doesn't in my opinion make them clear enough in terms of the analysis and in terms of...recommended action...” [INT 09 DLS].

The Warwick & Aggleton (2002) document mentions the ‘education means to reproductive ends’ link once, although there are some other excellent examples of innovative links between reproductive health and education. However one respondent claimed “...the ‘safe passages to adulthood programme’...was originally designed without any input from education...” [INT 09 DLS] and this document was not well known among DFID staff.

The lack of noteworthy support for cross-sector reproductive health and women's education within DFID documents suggests this particular cross-sector agenda does not have substantial top-level organisational commitment. Nevertheless, respondents' gave examples of cross-sectoral connections being made between reproductive health and women's education and these are presented in the following sections.

7.3.1 DFID London

One member of DFID London staff suggested the FRESH programme (Focusing Resources on Effective School Health) was a good example of cross-sector reproductive health and women's education (PCD 2003). This “...schools education programme...focussed on HIV and reproductive health...” [INT 03 DLS] is referred to in the ‘Safe Passages to Adulthood Programme’ document (Warwick & Aggleton

2002) but no other DFID health or education respondents had heard of this programme.

Links made at DFID between reproductive health and women's education often connected narrow aspects of reproductive health and education. For example, most respondents spoke of the education sector's links to HIV or of safe motherhood education. At DFID London, no examples were given demonstrating specific commitment to cross-sectoral reproductive health and women's education and the sectors were described as continuing to work separately. A few respondents did counter these views with reports of links between the Education Department and Health and Population Department (see footnote 18 on page 121). Some of this collaboration involved either reproductive health or women's education, but not usually both. Nevertheless, at DFID London, several examples were given of attempts to engage in cross-sector reproductive health and women's education including the DFID London HIV Strategy Task Force and the DFID London Maternal Mortality Reduction Task Force. These examples are outlined below.

DFID London HIV Strategy and Task Force

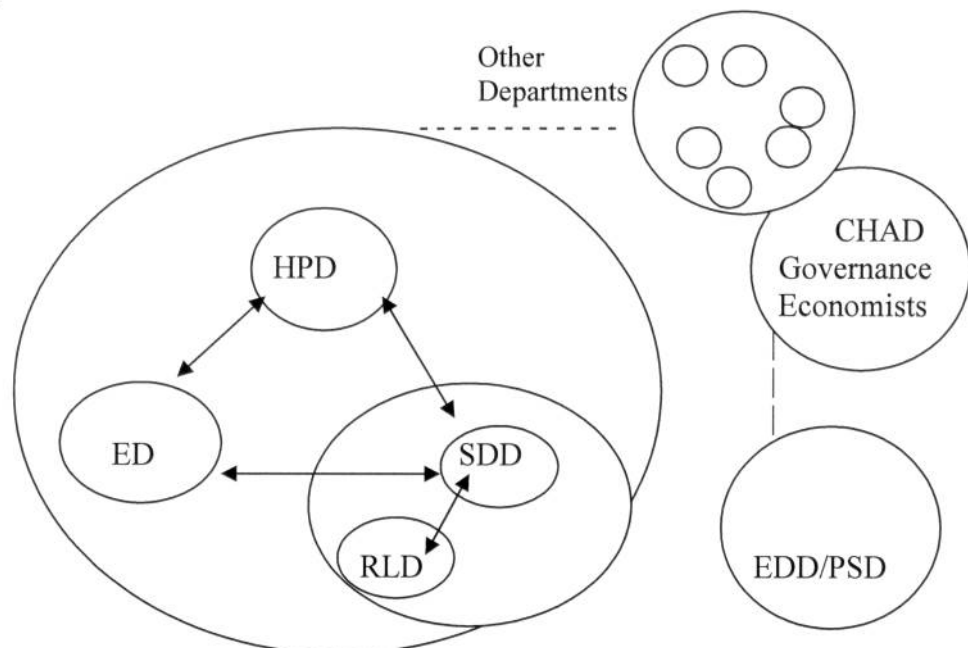
One respondent presented the diagram example in Figure 7.1 to illustrate cross-sectoral connections within the process of producing the HIV Strategy at HIV Task Force Meetings at DFID London.

The Health & Population Department (HPD), Education Department (ED), Social Development Department (SDD) and Rural Livelihoods Department (RLD) were relatively central participants and leaders in this work.²⁹ The diagram illustrates the more outlying position of Governance, Economics, Enterprise Development Department (EDD), Private Sector Development (PSD) and the Conflict and Humanitarian Affairs Department (CHAD). This respondent was concerned about dominance of the health sector and the marginalisation of many other crucial sectors in this process.

²⁹ Many of the departments referred to here no longer exist within the new Policy Division structure at DFID London.

Figure 7.1 DFID London HIV Strategy and Task Force

DFID London produced an HIV Strategy through an HIV task force led by the Health and Population Department (HPD), Social Development Department (SDD), and the Education Department (ED). SDD emphasised a rights-based approach. Originally it had more of a livelihoods approach, but this changed to rights due to changes in DFID trends and objectives.



The process of producing the HIV Strategy was described as not entirely positive and not an ideal example of cross-sector policy and practice. One respondent commented

“...I've had to fight an ongoing battle to ensure that HPD don't monopolise the discourse...if they're discussing it or having meetings...I will go out of my way to remind them...either just say hey consult, or I'll provide text. I'll go the extra mile to make sure we're included...It relies on me, there's no doubt about that” [INT 09 DLS].

Certainly the process was not perfect: “it was difficult...but it got there and...I don't think anyone would hold it up as a good example of cross-sectoral working. It was a useful learning process about how not to go about it” [INT 10 DLS].

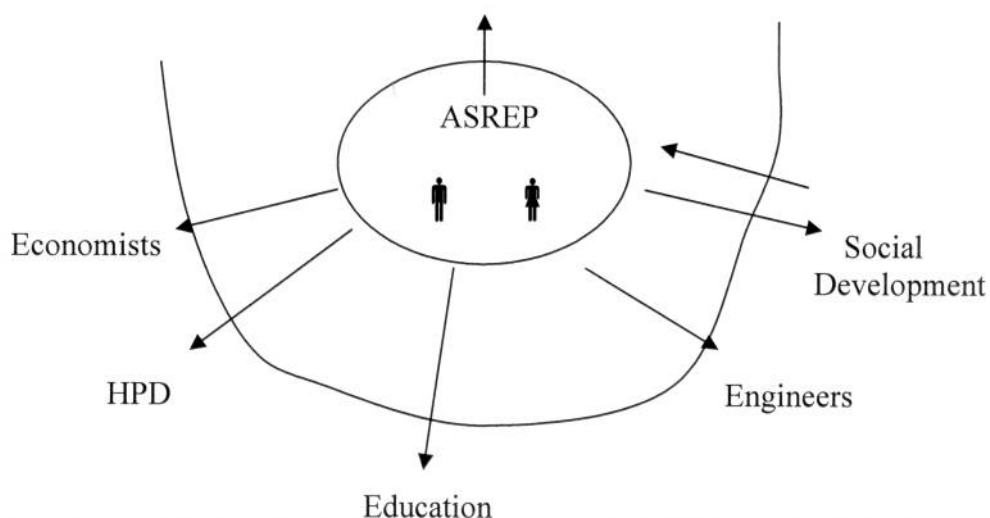
Several respondents referred to DFID London adopting a cross-sectoral approach involving the health and education sectors where one person in a department was identified as a cross-sectoral link, or ‘focal person’. This model was viewed as good practice by one respondent, but most others thought it undermined the ethos of cross-sector policy and practice by relying on key individuals rather than ensuring all staff adopt a cross-sectoral approach to their work.

DFID London Maternal Mortality Reduction Task Force

One interviewee presented the diagram example illustrated below in Figure 7.2 outlining the work of the Maternal Mortality Reduction Task Force at DFID London as an example of cross-sectoral working.

Figure 7.2 DFID London Maternal Mortality Reduction Task Force

At DFID London, the Asia Regional Economics and Policy Department (ASREP) led the setting up of a Task Force on Maternal Mortality Reduction (MMR) that aimed to involve all sectors.³⁰ Sectoral staff were requested to write a description of how MMR affects their sector and their potential contribution to MMR. Most sectors struggled to do this and some asked their resource centres to do it for them with poor Terms of Reference. Short notice was given of meetings, decreasing many people's ability to take part and the health sector dominated proceedings. ASREP were described as wanting their name on the final document and were thought to be more concerned with the end product than with cross-sectoral processes. Indeed, most departments involved, described the process as lousy. The process was thought to have alienated people further and lots of blame has been passed backwards and forwards. The figures represent a female who was proactive in creating the group. She was described positively by several respondents. The male figure represents her successor who was described as much more interested in ASREP receiving credit for the work, and as alienating some sectors.



The interviewee presenting this example was highly critical of the process that had taken place at the MMR task group. This had been an attempt to pull sectors together to produce a policy document, but the concentration on goals over process challenged any likelihood of higher levels of cross-sectoral collaboration and mirror earlier concerns from Chapter Six about DFID focusing mainly on ends. This

³⁰ ASREP at DFID London no longer exists and responsibility for their work has been reallocated to various units within the Asia Directorate at DFID London.

example was also referred to by several other respondents, one of whom described the cross-sector working involved in this group as “tokenism” [INT 23 DFPS]. On the other hand, some respondents reported positive gains simply from people in different parts of the DFID London recognising the importance of MMR. Despite criticisms of ASREP’s role, the origin of the MMR task group in ASREP rather than the usual MMR health sector ‘home’ was thought to offer a useful alternative for advocating and facilitating a cross-sectoral approach. Opinions about the MMR task force varied, but ASREP’s concern for a final document with their name on and the health sector’s dominance, compromised potential benefits. The group also appeared more multi- than cross-sectoral with sectors for the most part continuing to work separately.

7.3.2 DFID Nepal

There were reports that the DFID Nepal office demonstrated a lack of clear commitment to cross-sectoral reproductive health and women’s education with one staff member stating “...it is not a core part of our strategy” [INT 22 DNS]. Another member of staff commented:

“...I know there is a lot of work being done and I know that there are a lot of projects being implemented on safer motherhood...contraception and all those sort of things, but I don’t see that it is really...linked up with education” [INT 25 DNS].

No examples were given of cross-sectoral links between reproductive health and women’s education at DFID Nepal. Alongside poor commitment to gender equality within DFID Nepal documents and from most DFID Nepal staff respondents, this raised concerns in Nepal where these interdependent issues need critical attention. If reproductive health and women’s education are approached separately, synergistic benefits outlined in Chapter Five may be missed and are likely to be less sustainable than where cross-sectoral linkages are maximised in a context of improving gender equality.

At the same time, education was described as a chaotic and over-funded sector in Nepal and some respondents thought this was good reason for DFID not to be involved in education. There was also little evidence of any commitment to women’s

education at DFID Nepal, with the office failing to communicate strong messages of support for women's education. DFID Nepal do however fund health and literacy projects and they continue to support and collaborate with the Nepali Government particularly promoting MMR and HIV so many of the examples in the following sections involve input from DFID Nepal and also from DFID-funded projects.

7.3.3 The Government of Nepal

Nepali Government staff demonstrated knowledge of the reproductive health and women's education research and this knowledge had also encouragingly been translated into statements within some government documents:

“...most of the national policy and strategy...have advocated that we need a multi-sectoral approach for health issues, in order to address any health issues...in the National Health Policy...the Second Long Term Health Plan...National Reproductive Health Strategy...Safe Motherhood Policy and Strategy, and...HIV/AIDS Strategy also have gone for the multi-sectoral approach, so all...recognised this multi-sectoral approach and increasing partnership...as one of the major strategies” [INT 27 HMGN].

Ministry of Health (MOH) staff recognised the importance of education in empowering women and increasing their reproductive health choices and rights. One interviewee produced a copy of the Nepal Demographic and Health Survey (HMGN 2002a) and commented

“...we do a survey every five years and we have found that the behaviour change...depends upon the level of...education...so we saw behaviour change only in those women who have passed...tenth...grade. They have a really significant health benefit...But those women who are just literate, just one or two classes in their education...not much significant behaviour changes” [INT 27 HMGN].

In practice the MOH's strategy was described by respondents from outside the MOH as strictly focused on reproductive health despite MOH claims to be advocating for improving girls' education. Although the research connection was recognised, ministry staff described only instances of poor cross-sectoral working in practice. Indeed, many of the connections made within documents were very theoretical links (HMGN 2002a-b, 1999, 1998a, 1998c).

In the Ministry of Education and Sports (MOES) there was strong recognition of the importance of cross-sectoral approaches to HIV, although one official from the

MOES reported that they struggled to get the MOH to recognise their role in this area:

“the health ministry has taken the responsibility of the HIV/AIDS...they have a lot of money and they don't want education to be included...so I told them in the meeting, it is not only the Ministry of Health who can have influence or impact on HIV/AIDS, but it is more important that Ministry of Education...there is a greater role than what Ministry of Health can do...We have also an HIV/AIDS committee here...and we invited them. I think out of 10 meetings, only one was attended by Ministry of Health people...I have not attended any meetings in Ministry of Health” [INT 30 HMGN].

Population and reproductive health were included in the formal education curriculum and the MOES appointed a reproductive health co-ordinator in an attempt to increase the profile of reproductive health within the national curriculum. MOES were also described by respondents as providing numerous incentives to increase girls enrolment and completion of primary schooling, including school food programmes; scholarships for girls; recruitment of female teachers; teacher training on reproductive health; and making overall improvements to formal education. However, the poor health and education systems in Nepal as well as the lack of links between the sectors were thought by several respondents to act as a barrier to cross-sectoral approaches:

“...there is definitely need for the two areas to...be working cross-sectorally, definitely. The problem we've got I think is if we're...saying there needs to be some kind of reproductive education introduced into schools for young girls...then that's...a great idea. But what you've actually got is no girls in school anyway and the education system already on its knees...general education, mathematics and science and all that stuff...None of its there...with any qualified teachers, so how are you going to...address reproductive health issues without qualified teachers? They can't even get...the standard curriculum right” [INT 29 EDC].

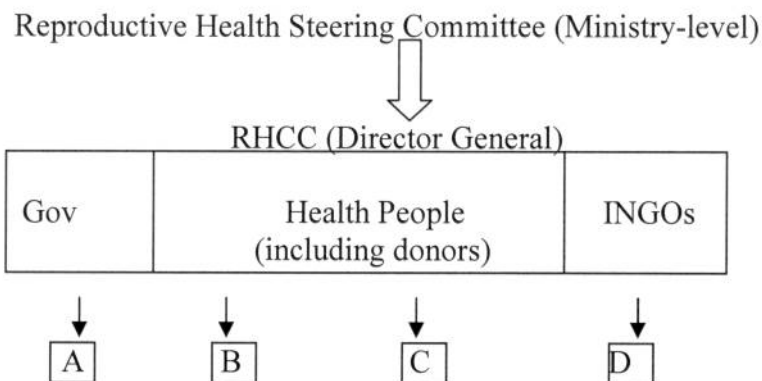
Nevertheless, there were some examples presented by respondents that demonstrated attempts by both the Nepali Government and DFID Nepal to work cross-sectorally and in a more co-ordinated manner. These examples included the Nepal National Reproductive Health Co-ordinating Committee and the Nepal National HIV Strategy Group outlined in the following sections.

Nepal National Reproductive Health Co-ordinating Committee

The Nepal National Reproductive Health Co-ordinating Committee (RHCC) was thought to be an attempt to work cross-sectorally on reproductive health issues and the following two Diagram Examples in Figures 7.3 and 7.4 both illustrate this work.

Figure 7.3 Nepal National Reproductive Health Co-ordinating Committee (a)

In Nepal, the National RHCC includes mainly health donors, NGOs and the Ministry of Health although the Ministries of Women and Social Welfare, Local Development and Law and some others are represented. The RHCC was described as looking good in documents but being poor in practice. It was recognised that key to any progress is culturing a particularly facilitative relationship with the lead person.



A=Ministry of women and Social Welfare

B=Ministry of Local Development

C=Ministry of Law

D=Others

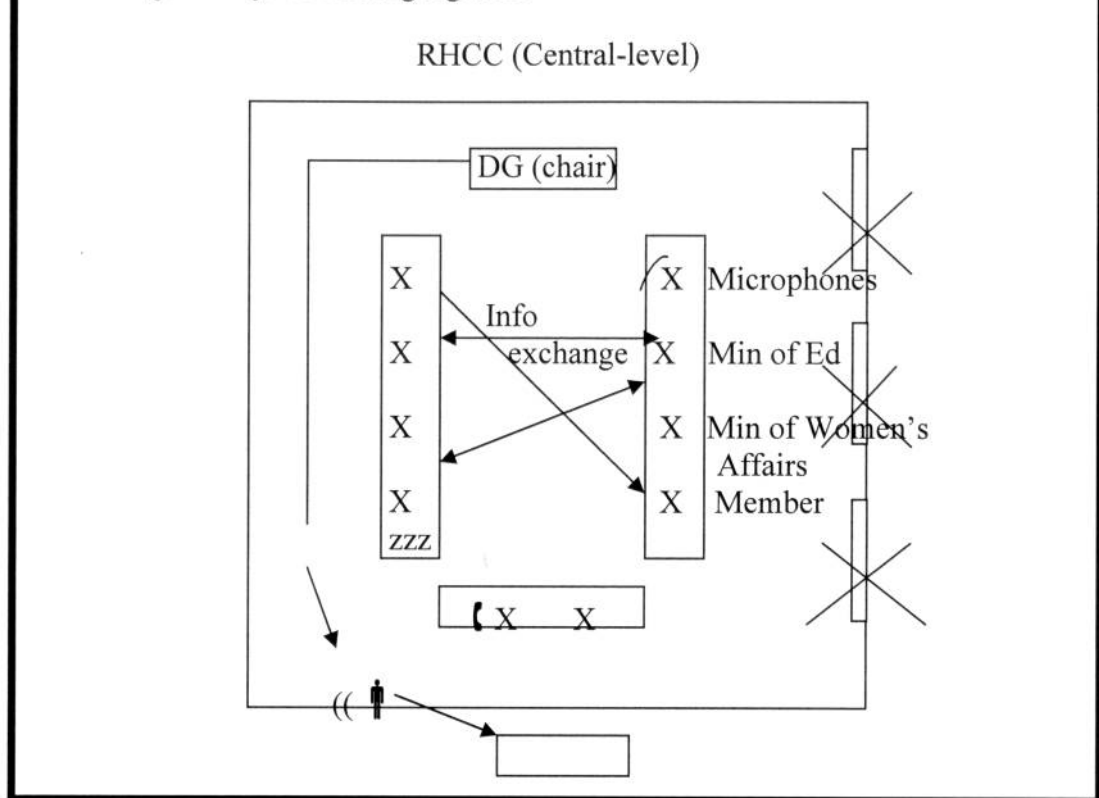
↓ = "tiny little non-empowered lower links"

Figure 7.3 adopts an 'organogram' form and emphasises the gap between the rhetoric of the RHCC and the reality of poor collaboration with its descriptions of poor links between actors. This example also emphasised the importance of a key individual in influencing progress in the RHCC. The process was described as very health dominated with no mention of education, although it is possible they may have been included in one of the small boxes labelled 'D = Others'. Similarly, neither DFID Nepal nor NSMP were mentioned during discussion of this example and the interviewee distanced themselves from the poor practice that they thought was taking place at the RHCC.

Another respondent chose to describe the same example, but this version illustrated in Figure 7.4 uses a ‘virtual’ representation of the RHCC meeting.

Figure 7.4 Nepal National Reproductive Health Co-ordinating Committee (b)

In Nepal, the National RHCC has quarterly meetings. There is massive physical distance between everyone in the venue, which is a cold and dark room that is uncomfortable. It was described as a badly structured meeting, the Terms of Reference are unclear, and certain people always leave early. Usually it consists only of information exchange rather than setting out ways of working together.



The visual representation and vivid description of the physical structure of the room make it clear that the venue is contributing to the poor quality of meetings; a barrier highlighted in Chapter Six. The large size of the room necessitates microphone use, not conducive to close, flexible and relaxed interchange. One easily achievable solution would be to secure a more suitable venue where people stay longer and where people can communicate more effectively with one another.

The interviewees presented these examples without the knowledge that other respondents had chosen the same example. Both interviewees presenting Figures 7.3 and 7.4, described the RHCC as looking good, but in reality being a waste of time. The use of virtual diagrams such as that in Figure 7.4 enables substantial information

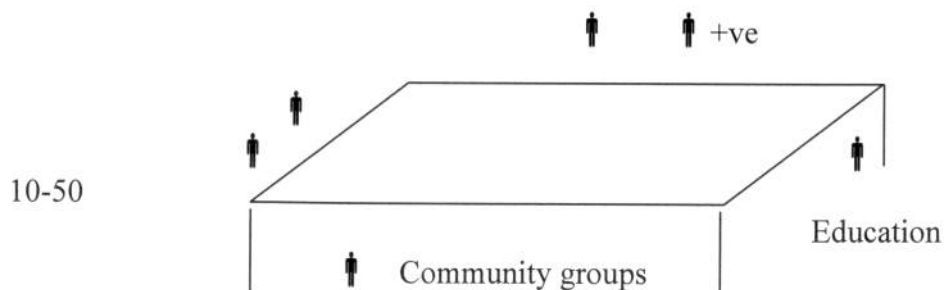
to be gathered about the type of relationships in existence through ‘quirky’ additions to the diagram, for example: arrows demonstrating the frequency with which some members of the group spoke and the direction of communication exchange; the size of the room and distance between members of the group; arrows demonstrating members that consistently arrive late or leave early; some members shown sleeping while others use their mobile phone in the meeting. Interestingly this second example of the RHCC did not emphasise the dominance of the health sector so much and the MOES are specifically referred to in the diagram. These two examples remain examples of poor cross-sectoral engagement.

The Nepal National HIV Strategy

The Nepal National HIV Strategy was another example cited several times by different interviewees. Three respondents all produced very different diagrams representing this cross-sectoral process. With three interviewees presenting the same example, this suggested that even though not perfect, an association was being made between the HIV strategy in Nepal and cross-sectorality. The first illustration of the Nepal National HIV Strategy Group is presented in Figure 7.5.

Figure 7.5 Nepal National HIV Strategy (a)

The National HIV Strategy in Nepal involved bringing together the Nepali Government and donors. Initially, some donors and government officials didn’t come to meetings, but NGOs, community groups and people with HIV were well represented. The health sector was particularly well represented. The group varied in size between 10 and 50 attendees and there were theme sub-groups on specific issues such as young people and on research. Attendance dropped as time went on, particularly among doctors, although community groups’ attendance rose as they gained confidence. There was the will to meet cross-sectorally on lots of different levels and the process of bringing people together and working together was seen as positive. However, the process was described as difficult due to the dominant personality and ambition of one of the lead individuals.

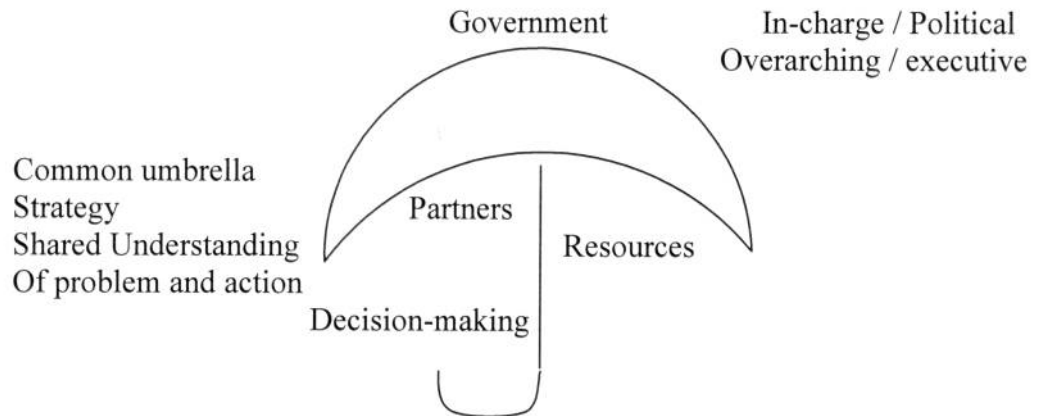


This group faced several challenges including health sector dominance that led to individuals and groups from other sectors and backgrounds being pushed to more peripheral positions. One particular individual was reported to dominate the work and his personality was viewed as detrimental to the cross-sectoral process. This view was consistent with the views of several other respondents who referred to this individual as difficult and as a barrier to cross-sectoral collaboration.

The second diagram example was an abstract representation of the Nepal National HIV Strategy and is presented in Figure 7.6.

Figure 7.6 Nepal National HIV Strategy (b)

The Nepal National HIV Strategy was described as helping to bring partners together. Before this, things were piecemeal but now there is a national group where partners can agree a national framework. This group has managed to create a shared understanding of the problem and an overarching umbrella strategy to go forward and make collective decision-making.



Figures 7.5 and 7.6 are substantially different representations of the same process. The first example describes the practical meeting arrangements and identifies a barrier to the cross-sectoral process. However, Figure 7.6 describes more of a positive view of the process. The terms and visual tools used are abstract, but create a strong vision of collective and shared decision making about an overarching strategy under which partners can come together. The National HIV Strategy was regarded as a focus for cross-sector work by respondents presenting both these diagram examples.

Figure 7.7 is the third diagram example of the same National HIV Strategy process and demonstrates a different form of representation again. Although asked to draw a diagram, this individual presented a list. It does, however, provide an interesting contrast to the two previous diagrams referring to the same HIV Strategy process, and it was the only 'diagram' presented during the research by a respondent at the Nepali Government.

Figure 7.7 Nepal National HIV Strategy (c)

The Nepal HIV Strategy is cross-sectoral, but there are some problems with partners struggling to implement it. This is despite the Prime Minister and other ministers' backing. In Nepal development was copied from elsewhere in the world, so policies might resemble others but Nepali management styles were not copied and are very different to other management styles and this was viewed as an explanation for why Nepal faces problems of implementation.

Steering Committee

Chair – Member of National Planning Commission

1. Policy guidelines
2. Review
3. Issues of Implementation

The respondent who presented Figure 7.7 was most concerned with the lack of implementation of the National HIV Strategy, an issue not mentioned in the previous two diagram examples. Reference to Nepali management problems as one cause of implementation impediments in the description accompanying Figure 7.7 reflects a barrier already identified in Chapters One and Six. In the context of respondents' agreement over the importance of top-level management support for policy implementation, the presence of this support along with continued concerns over implementation, suggest other factors are contributing to implementation problems.

The three diagrams represent the same process, yet, describe different aspects of cross-sectoral relationships and processes. This strongly supports the efficacy of diagramming as a tool for increasing debate and understanding of cross-sectoral processes. It is interesting that all three examples failed to discuss HIV specifically or its relation to broader reproductive health and there was no particular reference to

education, although from the accompanying narrative description it may be assumed that the education sector was represented around the table in Figure 7.5.

7.3.4 DFID-funded Projects

Respondents gave many examples of cross-sectoral engagement between reproductive health and women's education at project-level. CLPN, DHSP and NSMP all demonstrated collaboration with one another to varying degrees and with other NGOs and local government bodies such as District Development Committees (DDCs) and Village Development Committees (VDCs). Collaboration between DHSP and CLPN was specifically referred to:

“...we've put...lots of effort into it on both sides, from senior management to district-level...that's a good example of something that's working cross-sectorally and with a very clear link. The issue is health information not being understood or in the right language...that worked, that was good” [INT 15 DFPS].

Although this could be seen as a link between a narrow literacy issue and health information materials, there was thought to be a considerable level of cross-sectoral engagement with reciprocal benefits and shared aims.

Cross-sectoral collaboration was also reported between NSMP and CLPN. For example, CLPN translated home delivery kit instructions and other reproductive health literacy materials for NSMP and they worked on improving use of visual representations within health materials in order to improve accessibility for those with lower reading skills. At district-level, DHSP and NSMP have both collaborated in providing technical systems support for reproductive health with benefits to both projects through shared outcomes. As outlined in Chapter Six, there were also many references to collaboration between DFID-funded and other donor-funded projects and NGOs justified on the basis of the shared need to access beneficiary groups and communities.

One of the strongest links that was consistently raised by respondents was the emphasis on including reproductive health information within education and literacy classes. This reproductive health education is outlined in detail in the following section.

Reproductive Health Education

Various forms of reproductive health education classes were initiated by both the health and education sectors, often involving the use of existing literacy classes or reproductive health resources for mutual synergistic outcomes. For example, NSMP contributed safe motherhood components within non-formal education classes, realising the importance of literacy skills for recognising safe motherhood messages. NSMP also provided reproductive health education for local teachers because teachers were viewed as good role models and potential change agents. One respondent recognised that while NSMP's contribution to education was not as intense as REFLECT or HEAL classes outlined in Chapter Five, the project was being opportunistic in piggybacking safe motherhood messages in many education classes that were already taking place. Indeed, in some communities, safe motherhood and adult literacy groups have actually combined.

Some of NSMP's health contributions to the education curriculum were carried out in collaboration with DHSP and CLPN and other local government officers. NSMP provided safe motherhood education for groups such as taxi drivers, responding to widely held beliefs about women in labour being ritually polluted, as outlined in Chapter One. This was an example of NSMP working on broader social issues affecting access to EOC.

However, it should be noted that collaboration was not always carried out with mutual benefit in mind as the following comment illustrates: "...we work with education which we see as an avenue to promote safe motherhood messages rather than promoting education which is a good thing in its own right" [INT 23 DFPS].

Another example of cross-sectoral project links between reproductive health and women's education was demonstrated in Rupandehi District and is presented below.

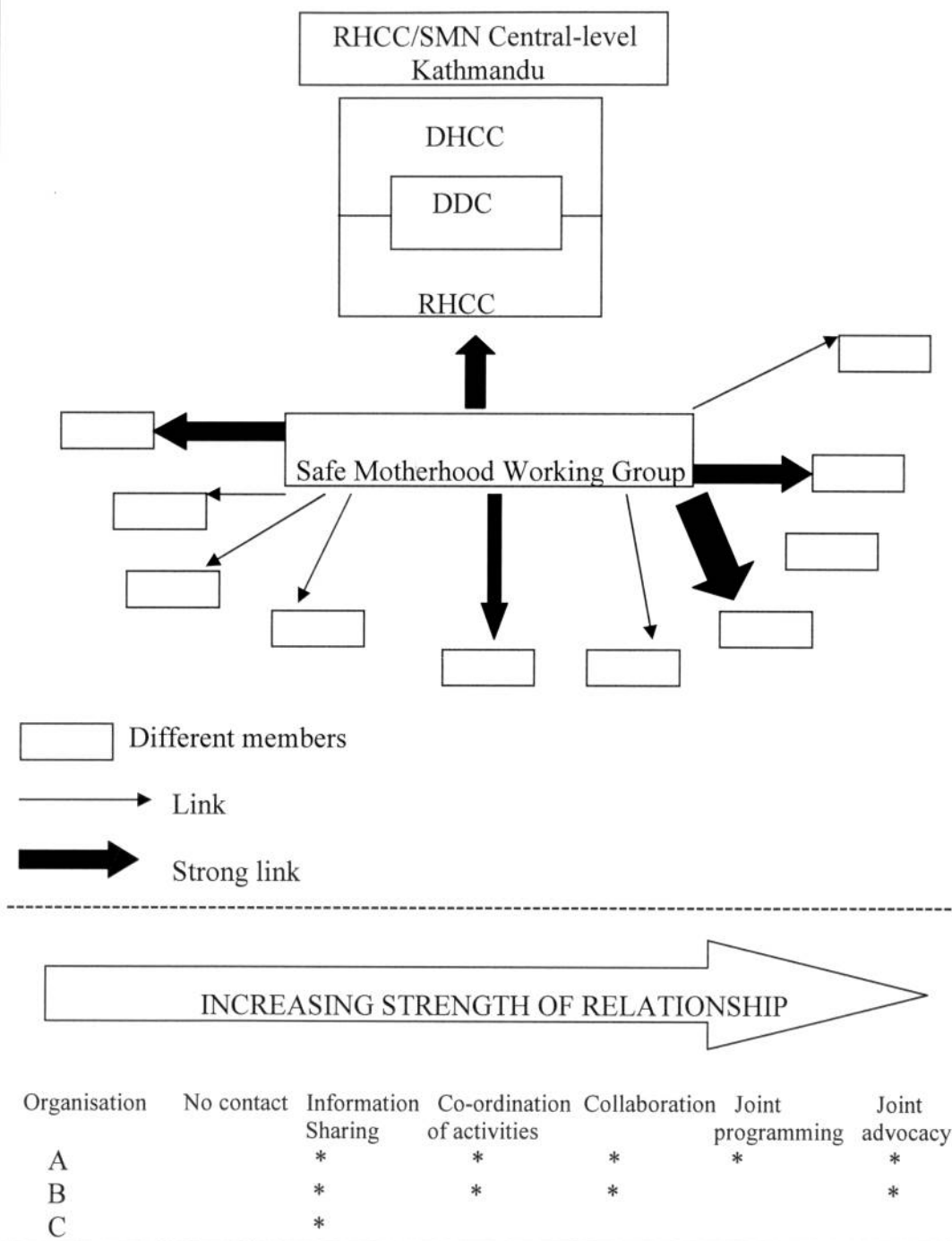
Rupandehi District Safe Motherhood Working Group

One respondent presented a diagram example of the Rupandehi District Safe Motherhood Working Group illustrated in Figure 7.8. This example referred to the

National RHCC that was the subject of Figures 7.3 and 7.4. However, links between planning at the central government-level and district-level were described as weak.

Figure 7.8 Rupandehi District Safe Motherhood Working Group

In Nepal, the Rupandehi District Safe Motherhood Working Group has many different district-based organisations and departments represented. Some of these organisations have strong links, others have weaker or more peripheral links. There are about 50 members. People are motivated but the remit and responsibilities of the group are broad so it is difficult to cover all the important issues that are relevant to all groups and sectors.



This example illustrates good cross-sectoral working at district-level where the smaller scale dictates the need for the involvement of not only individuals from the health sector where safe motherhood tends to be located, but also of other sectors to be involved in order for progress to be made.

The top half of Figure 7.8 demonstrates the strength of relationships between different actors and organisations using different sizes and strengths of arrows, although the respondent failed to label the different members in the diagram. This example was described as less health sector dominated than the central-level RHCC and yet the strongest links were described between health organisations and officials. The bottom section of Figure 7.8 presents a matrix that adopts a continuum style representation to demonstrate how key organisations are working together and at what level of cross-sectoral engagement. These diagrams were used by the individual presenting them to demonstrate an articulate understanding of cross-sector collaborative concepts at district-level.

The diagram examples so far presented involved reproductive health and HIV issues that included limited or no references to education. Only one respondent overall gave an example that more fully incorporated education but it was not connected to DFID in any way and is therefore included in Appendix M along with the remaining diagram examples not presented in Chapters Six or Seven.

In summary, there were a number of examples of significant cross-sector engagement between reproductive health and women's education at project-level. However, at central government-level the examples reported tended to display no or very low levels of cross-sectoral engagement.

Messages promoting cross-sector reproductive health and women's education were virtually absent within DFID and this exposed a substantial gap between the reproductive health and women's education research and DFID's policy in these areas. This research-to-policy gap is explored in more detail in the next section and this is followed by discussion of respondents' suggestions about factors that may be contributing to this gap.

7.4 The Research-to-Policy Gap

The gap between the rhetoric and operationalisation of cross-sector policy and practice at DFID outlined in Chapter Six was not criticised to the same extent by respondents referring specifically to cross-sector reproductive health and women's education. One respondent commented "...DFID talk about prioritising girls' education...it's quite clear in terms of the policy product but in terms of staffing they have not hugely prioritised it" [INT 04 EDC]. However, the cross-sector rhetoric between reproductive health and women's education is not so strong as the generic calls for cross-sectorality or the separate calls for reproductive health and for women's education.

Research linking reproductive health and women's education, and Caldwell's work demonstrating synergy results from connecting health and education services, have been in the research community for 20 years (Caldwell 1986). However, as noted in Chapter Five, this has not always been translated into policy, as the following comments illustrate: "I'm concerned that the...policy does not make best use of research" [INT 04 EDC]; "Certainly looking back at the policy work that has taken place here in education in the last two to three years, by and large, we have had difficulty in finding the evidence" [INT 09 DLS]. Indeed, policy generally is not always evidence-based and DFID London shares with many other actors, the challenge of linking research and policy. DFID at least recognises the need for evidence-based policy within its Public Service Agreement (PSA) (DFID 2004a).

One factor contributing to poor research to policy links has been the complexity of the reproductive health and women's education research. Certainly some staff talked of the difficulties in utilising research that was variously interpreted as causal and correlative. But there was also a sense that the longer-term nature of the impacts of the research, with outcomes across a cross-section of a population, was not consistent with current concerns for short-term goals and product, as the following comment illustrates:

“...we're talking here about something...that's intergenerational...and unfortunately governments, organisations if they're going to set any meaningful targets they have to be held accountable in those terms...” [INT 13 DNS].

The research has also been based predominantly on statistical data that has often led to marginalisation of key social contextual influences. Following Jeffrey & Jeffrey's (1998) message that education is not a panacea, one respondent suggested education is not enough on its own to bring about large reproductive health changes:

“.....the research that was done more recently suggests...the need to look more carefully at the conditions in which that would have bigger impact...if you are in a very conservative environment cultural...religious environment where people aren't able to access, reproductive health care, advice, information and contraception, then it's very unlikely that it will have a huge impact in terms of reproductive health” [INT 14 DFPS].

Unfortunately, Nepal fits this description of being a very conservative environment. The research suggests highly unequal gender relations lead to the need for increased years of girl's schooling to ensure effective health and development outcomes. However, ensuring the research-to-policy gap is bridged through adoption of a comprehensive approach to changing gender relations, socio-economic conditions and to longer periods of schooling for girls, presents a major challenge to all those working in Nepal.

There are a number of factors contributing to this research-to-policy gap, and in turn to the poor operationalisation of cross-sector reproductive health and women's education including: poor knowledge of the research; the disjuncture between the research and rights-based approaches; health sector territoriality and; a failure to maximise catalysts for cross-sector policy and practice. These factors are presented in the following four sections.

7.4.1 Knowledge of the Research

Staff throughout the DFID hierarchy demonstrated poor knowledge of the reproductive health and women's education research that has contributed to poor assimilation of the research into DFID policy. The handful of respondents who demonstrated sound knowledge of the reproductive health and women's education research primarily came from health and education backgrounds. This study found five respondents whose work remit specifically and directly encompassed

reproductive health and/or education policy and practice, who demonstrated extremely poor or no awareness of the research. Four of these respondents had an education background, one had a health background. Three were DFID London staff, while two were Nepali Government staff. One respondent with a management background but a reproductive health remit did not know the research, suggested it was too specialised, and that other colleagues should be consulted. Another respondent with responsibility for co-ordinating reproductive health education had no experience of the subject area and was convinced that education on sexual health would encourage more frequent and earlier sexual behaviour in young people; a belief widely refuted within the literature (Grunseit et al 1997; Wellings et al 1995).

The poor knowledge of the research may be partially attributed to staff being most aware of literature from their own sector, due to the sectoral and disciplinary nature of research communities and academic journals. Generally, health staff were more aware of the 'education means to reproductive ends' research argument than education staff, perhaps because much of this research is located in health and demography journals and the key argument involves promoting education to achieve health related development gains. A few education specialists also demonstrated excellent knowledge of this more health oriented literature but overall education specialists had much greater knowledge of research demonstrating the positive impact of maternal education on the future education of children. This is predominantly located in education-based journals and also promotes education to achieve education related development gains. This education based literature was not well known by health staff. This situation underlines the view that separate disciplinary research communities militates against broader awareness of research outside specific disciplines. In addition, separate research and policy communities contribute to poor links between two parts of the same research policy process.

7.4.2 The Disjuncture between Research Findings and Rights-Based Approaches

The second challenge for research to policy links is that the 'education means to reproductive ends' arguments as a rationale for increasing emphasis on women's

education, was thought by some respondents to risk ignoring women's right to education and also education as an important end in itself. The growing emphasis on rights-based approaches within international development discourse creates a challenge to the use of correlative research linking two or more sectors that is often interpreted causally and has major implications for policy.

Some respondents thought that the current trend towards rights-based approaches may have influenced the poor uptake of the 'women's education means to reproductive health ends' research. On the other hand, rights-based issues were raised infrequently by DFID staff in this study suggesting that rights arguments may not be strongly influencing DFID's current policy agenda. This questions how much the poor research to policy link can be attributed to an emphasis on the rights agenda. Nonetheless, the use of correlative studies to promote one particular sector runs the risk of relying too much on one sector to deliver in an area not viewed by that sector as a sectoral priority, and for which they may receive no personal reward:

"...if maternal mortality is reduced the bonus goes to the Ministry of Health and the people who are working in the Ministry of Health...it doesn't go to the Ministry of Education who must have had to contribute a lot to raise awareness or improve the literacy rate" [INT 12 EDC].

If the education sector does not perceive there to be education benefits from linking with reproductive health, it may not be inclined to engage cross-sectorally, and yet health need education to engage if they utilise this approach.

This emphasises competitive and territorial behaviour reported not to be conducive to cross-sector policy and practice. Unless similar converse 'reproductive health means to education ends' are also prioritised or broader multi-directional impacts between the sectors form the basis of planning, a lack of shared goal setting will reduce the potential level of reciprocity between the sectors.

7.4.3 Disciplinarity and Territoriality (2): The Health Sector as a Barrier to Cross-Sector Policy & Practice³¹

Although territoriality was described as a barrier to cross-sectoral policy and practice in Chapter Six, specific concerns were raised about cross-sector links between the health and education sectors. Health and education sectors within and outside DFID were thought to concentrate on their own sectoral priorities, with cross-sector policy and practice receiving less attention. This is consistent with the 'Pillars and Cross-cutters' model presented in Figure 6.2. Indeed, one respondent thought there would be limits to the level of cross-sectorality possible between health and education:

"back in early 90s when we developed this health education and adult literacy programme an integrated...cross-sectoral approach, we naturally went to the two line ministries. Education said oh, this is health and we don't have money for health. Health said, oh no this is education, we don't have money for education...We were sent away and it took a long time to even bring them together and say listen both it's for you and it's within your mandate and within your mandate" [INT 24 EDC].

Many respondents reported that where cross-sectoral approaches were attempted, the health sector often dominated:

"...anything that has more of a health flavour to it and this can be health education...it's normally routinely managed and delivered by health advisors. Whether it's HIV education, sexual and reproductive health education...I'm often really surprised by this as I would expect education advisors to want to take the lead on this and to get advice from their health colleagues rather than the other way round. Because the processes in health education are educational, with a health flavour if you like...Look around our country programmes, you'll see where we have HIV/AIDS education, I think in almost, in all cases the health advisor leads, even if it's in school...education" [INT 09 DLS].

Certainly, many examples of cross-sectoral HIV work involved the health sector dominating proceedings. One respondent went so far as to suggest that all the other sectors apart from health would provide a better entry point for HIV, while another respondent argued

"...it can be quite a threatening process...something like HIV is certainly within the domain of the health ministry and what you're asking the health minister to do is to give away...you know what is a very hot, topical issue that's attracting lots of funds and you're asking him to share that with other ministries and that's a very difficult thing for him to do" [INT 11 EDC].

³¹ Disciplinarity and Territoriality (1) is found at section 6.5.7 and comprises general references to disciplinarity at DFID.

At the DFID London HIV Task Force Meetings, outlined earlier in Figure 7.1, it was reported that

“...the perception has always been and is always that the task force is health dominated...you go to the next task force meeting and you think, shit we're all health. You look around the table and health, health, health, health, health and why didn't I think two weeks ago to get some health people not to come and to lean on other people to come” [INT 10 DLS].

Most respondents, however, recognised the need for HIV to be addressed more broadly, as the following comment illustrates: “...an overall approach to addressing HIV...it's obvious that working in the health sector alone isn't in any way going to address the totality of the problem” [INT 03 DLS].

This domination by the health sector has a number of different results. It leads to the hegemony of a particular viewpoint, and it can also lead to resentment by other sectors at being marginalised and their contributions often being overlooked in favour of health agendas.

This view of the health sector dominating meetings was accompanied by other indications of the health sector acting as a barrier to cross-sector policy and practice. During data collection, interviewees were asked about the appropriateness of using cross-sectoral approaches. Most respondents believed cross-sectoral approaches were appropriate for all development, the following quote was typical:

“could there be an area...where cross-sectoral work cannot be important? ...I can see no area, where you shouldn't be considering cross-sectoral... you can't avoid being cross-sectoral” [INT 21 DFPS];

However, some interviewees argued cross-sectoral approaches were sometimes inappropriate and all except one of these interviewees came from the health sector.

The following examples illustrate these views:

“...giving clinical services...needs a real...professional skill...the other sector cannot work as a doctor...giving services, it falls in the health sector, it needs institutional things, expert skills and institutional set up” [INT 27 HMGN];

“provision of emergency obstetric care at a hospital-level...where most of the things that are primarily needed to ensure that a woman who needs a Caesarean section or blood transfusion can get it...most of the things that are needed have got to be provided to a high

standard, they've got to be provided efficiently, they've got to be maintained and that all requires technical expertise...and we can have our discussions about whether the woman can actually get there or whether the surgeon has got the incentive to be there...and stay there, and whether the money is going to be available and whether there is going to be decent quality nurses around at that time...but if we start having those debates without ensuring that there are surgical instruments, anaesthetic drugs, an operating table, light and anaesthetist and a surgeon and scrub nurses...if we don't have all of those things then the rest is irrelevant..." [INT 13 DNS];

and

"...you have to recognise the areas in which you don't have expertise...I...think it means doctors carry out the final decision about how a caesarean section is carried out...it's clinical work...within clinical work, it's the doctor who should have the final say..." [INT 16 DFPS].

It is interesting that all the examples given by health respondents referred to the need for clinical expertise. There were certainly widespread concerns that cross-sector policy and practice should not mean the demise of the specialist in reproductive health, women's education, or in any other area.

The health sector was therefore acting as a barrier to cross-sector policy and practice in adopting a sectoral outlook, being less convinced of the appropriateness of cross-sectoral approaches and in dominating cross-sector processes in which they take part.

7.4.4 Catalysts to Cross-sector Policy and Practice

The strongest calls for cross-sector policy and practice within the literature were within the gender and Sustainable Livelihoods (SL) discourse. Within this study, the most commonly cited cross-sectoral examples were HIV examples from the UK, Nepal and South Africa, although there were also some good examples of cross-project links and district-level safe motherhood collaboration. In contrast to the literature, respondents reported fewer gender and SL examples or rationales for cross-sector policy and practice.

Although not historically part of reproductive health agendas, the ICPD Plan of Action advocated that HIV should be increasingly connected with SRH agendas (Worthington & Kjaerby 2004). This has not always resulted in the adoption of integrated approaches. Multi- and cross-sectoral HIV work is far from perfect but

does still offer potential learning opportunities for reproductive health work with other sectors. One respondent noted “HIV has tended to be an issue that has acted as a catalyst, it has created synergies” [MEET 26 DEKS] but another respondent acknowledged “specifically on reproductive health and education...there isn’t as much cross-sector working as there is on HIV” [INT 10 DLS].

One possible reason for more cross-sectoral HIV examples is that they may be the result of the HIV mainstreaming agenda. Recognising HIV’s impact on all sectors and all sectors’ impacts on HIV has persuaded many people of the argument that HIV does not ‘belong’ to the health sector where traditionally it has most often fallen. There has also been a strong gender mainstreaming agenda in international development literature but this has not been matched by many cross-sector examples involving gender in this research. The key difference is perhaps the level of commitment to HIV and to gender. Whatever DFID’s intentions, respondents were convinced of DFID’s commitment to HIV but many thought DFID was either not committed to gender or respondents failed to mention gender. DFID acknowledges that

“gender discrimination and other forms of social exclusion have very direct effects on reproductive health. They increase HIV and other sexually-transmitted infection and prevalence particularly amongst younger girls and women. Programmes often lack components that address such issues.” (DFID 2004b:4)

However, as one member of staff noted “we used to do gender but that's gone by the by and is to be regretted” [INT 09 DLS]. Another member of staff described having no gender training since joining DFID a number of years ago. In addition, since the Policy Division restructuring, gender was reportedly being addressed even less than previously. One interviewee felt strongly about DFID’s lack of commitment to gender:

“...my disappointment in how DFID address gender...and the lack of basic understanding I've encountered among people working in reproductive health and in the education sector...to bring about structural change...the talk is there in some of the DFID documentation, but even sometimes I think it's a bit ambiguous...The most recent gender manual, I think has made it clearer but the documentation before that for me...I was struggling...to understand what DFID were actually talking about when it came to gender. So I think there is a lack of clarity in practical orientation within the organisation about gender. So that really raises questions for me then about how it is picked up by the

various sectors...if organisationally people are not tuned in to these particular issues, there is no way that they are going to be able to take that forward into implementation...I think it's about the commitment..." [INT 01 DFPS].

However, if DFID is to achieve its stated goals of poverty elimination and the MDGs, it will need to address gender inequalities. As one respondent stated "...good policymaking in something like gender equality would actually require cross-sectoral input" [INT02 DLS]. In many DFID documents there is a lack of emphasis on gender, particularly on strategic, political and redistributive approaches to tackling gender inequalities. One respondent acknowledged that strategic and political changes relating to gender are challenging:

"I think the problem is that...we're always...almost inevitably...addressing the endpoint determinants, we can't get underneath...because what we're talking about here is deep seated political social cultural change...we believe that in the matter of a few very short interactions, we think we can change deeply rooted cultural ways of seeing the world, of thinking and doing and acting and interacting" [INT 13 DNS].

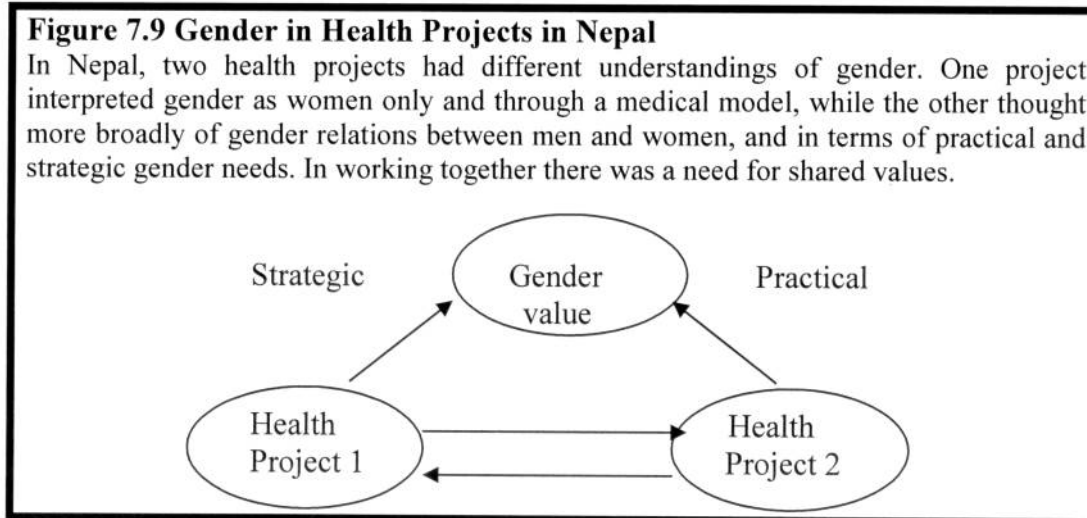
Certainly McNicoll argues that "in the short term gender systems are not easily disrupted by government" (McNicoll 2001:145).

At DFID Nepal, the lack of engagement in gender within a country with such marked gender inequalities was viewed as alarming by the few respondents mentioning gender. No member of staff in the DFID Nepal office demonstrated an unprompted commitment to gender during data collection for this research and another respondent argued that "gender comes under the social development advisor" [MEET 54 DNS]. However, this understanding risks all other DFID Nepal staff relinquishing responsibility for gender. Also, where it was reported that the social development advisor was not championing gender, this critical strategic issue falls off the policy agenda. Engagement in gender issues was minimal and often in response to a sense that 'we should be' carrying out gender training, mentioning gender in documents and appearing to be doing something. Gender is crucial to development in Nepal and DFID Nepal's failure to demonstrate commitment to gender was thought by several respondents to be a serious oversight with the potential to jeopardise all of their other development efforts.

Within the Nepali Government, many ministries had identified a gender focal person who was to ensure gender issues were addressed, but in practice the extensive problems with high staff turnover within the government meant that gender focal people were continually moving on. This movement of staff with a gender focus, often to other areas of the government, could be useful if these individuals are effective gender champions and change agents but this was reported to rarely be the case, and gender focal posts were often left vacant after a move.

In Nepal, as in many other settings, gender was frequently interpreted narrowly. As one member of DFID Nepal staff reported “gender issues in Nepal tend to be about women and they also tend to be about...women as a problem” [MEET 27 DNS]. Respondents reported few specific gender initiatives taking place and the only unprompted mention of gender came from project respondents. The meaning of gender varied throughout the DFID hierarchy and this was illustrated by one respondent’s diagram example presented in Figure 7.9 below.

The respondent who presented this example discussed the different gender values of two health projects working together and how these different values acted as a barrier to cross-project understanding and shared motivations for collaborative working.



The third area offering support for cross-sectoral approaches was the sustainable livelihoods (SL) discourse, although respondents did not mention SL approaches in great detail. Some respondents thought that DFID should reorient their outlook:

“livelihoods should be a focus rather than poverty alleviation” [MEET 67 DLS]. Indeed, DFID’s choice to frame livelihoods as a sector was described as disappointing: “why is rural livelihoods a department and not an overall approach to the work of DFID” [MEET 31 DNS]? This was thought to be a misunderstanding of the philosophy of the SL framework outlined in DFID’s own SL documents (Ashley & Carney 1999; Carney 1998a; Carney et al 1999; DFID 2001k). Certainly there have been calls for SL approaches to be adopted by all sectors within DFID (Carney 1998a), but to adopt this approach in all sectors would take a significant shift in thinking at office-level.

HIV, gender and SL all have the potential to act as catalysts and advocates for cross-sector policy and practice but DFID’s failure to connect HIV to broader SRH agendas, failure to demonstrate commitment to gender redistributive strategies and the sectoral interpretation of SL approaches miss valuable opportunities to support the department’s own calls for cross-sectorality.

7.5 Conclusion

DFID has not demonstrated a commitment to cross-sectoral approaches between reproductive health and women’s education. They demonstrate narrow interpretations of these issues and the rationales for pursuing cross-sectoral connections between these areas were mainly based on perceived benefits to one sector from the basis of ‘means to ends’ arguments. Some useful examples were presented with differing degrees of cross-sectoral engagement between reproductive health and women’s education. There were greater levels of cross-sectoral engagement at project-level, consistent with findings in Chapter Six. Despite these examples, a gap was exposed between the reproductive health and women’s education research and DFID’s policies. Respondents thought this gap was the result of a number of factors including:

- poor knowledge of the reproductive health and women’s education research;
- the disjuncture between the reproductive health and women’s education research findings and rights-based approaches;

- disciplinarity and territoriality specifically involving the health sector; and
- DFID not maximising HIV, gender and livelihoods as advocates and catalysts to cross-sector policy and practice.

If DFID is to make progress towards its organisational objectives, they will need to consider increasing support for cross-sectoral connections between reproductive health and women's education in a context of support for gender equality, SL approaches and maximising lessons from HIV.

The means to ends research and rationale are important and should not be overlooked, but rights to education and health are equally important and a balance between approaches is desirable. The findings in this chapter also suggest the need for improved connections between the research and policy communities, through for example, increasing knowledge of research within policy communities and increasing the relevance of research to policy through better knowledge and connections with policymakers for the research community.

The findings in this chapter not only offer valuable lessons for those working in health and education settings but they also offer specific examples of attempts to connect two sectors that are informative to DFID and any other organisations' generic pursuit of cross-sector policy and practice. The findings from Chapter Six and from this chapter are discussed in more depth in Chapter Eight.

Chapter Eight: Discussion

This chapter reflects upon the research findings in Chapters Six and Seven and attempts to answer the research questions outlined in Chapter One. This chapter also attempts to address a number of other critical questions that have arisen during the research process. Therefore, discussion focuses on four key areas: (1) weighing up the evidence of cross-sector policy and practice at DFID; (2) assessing whether cross-sectoral approaches are beneficial; (3) attempting to balance the focus between cross-sector policy and practice as means or ends; and (4) learning lessons from the research outcomes to inform future cross-sectoral (and sectoral) policy and practice. The main points from this discussion inform the conclusions and recommendations in the final chapter.

8.1 Evidence of Cross-sector Policy and Practice at DFID

DFID has embraced the rhetoric of cross-sector policy and practice and collaboration within its key documents. However, this rhetoric has not been matched by an equal commitment to operationalising these calls by, for example, debating and agreeing definitions, providing clear guidelines for implementation or allocating the necessary time for cross-sectoral working. Although there were some significant attempts by DFID to improve cross-sectoral working within Policy Division at DFID London, the vast majority of respondents thought DFID was not really committed to cross-sectoral approaches and that the department faces some substantial implementation barriers.

Many of the examples given in this study were more strictly multi-sectoral. There may be occasions when multi-sector responses are suitable but in circumstances where there is a need for synergy to achieve goals, or where processes are likely to have a crucial impact on outcomes, or where consistency is needed between the approaches of different sectors, cross-sectoral approaches may be more appropriate. Many objectives require sectors to do more than simply contribute and in many cases collaboration and engagement between sectors are necessary to maximise outcomes.

During interviews and meetings, respondents based in or around DFID London and DFID East Kilbride engaged in theoretical debates about the importance of cross-sectoral approaches that matched the UK Government collaborative discourse. Interestingly, none of these respondents mentioned the UK Government's documents explicitly, despite DFID's position within the UK Government. A significant number of the cross-sectoral examples presented by DFID London staff were also theoretical, for instance, describing how sectors within DFID should link up rather than a specific example outlining actual linkages. On the other hand, DFID Nepal and the DFID-funded projects in Nepal were geographically and ideologically removed from these theoretical cross-sectoral debates but described and demonstrated greater levels of practical cross-sector implementation. The smaller scale and more applied nature of work at project- and district-levels may make collaboration more necessary where implementation is often impossible without the involvement of more than one sector. The smaller scale also enables a greater degree of flexibility in approaches to work than is sometimes possible at higher policy-levels of DFID, where structures and a competitive culture were thought to constrain cross-sectoral engagement. The difference in cross-sectoral debate and engagement between the levels of DFID was one of several differences noted.

Respondents located at different DFID hierarchical levels described varying rationales for pursuing cross-sector policy and practice. DFID London staff, Nepali Government staff and external development consultants supported the policy coherence rationale. Conversely, DFID Nepal staff and DFID-funded project staff generally supported the people-focus rationale. These differing motivations reflect a diversity of objectives, outlooks, locations of accountability and perhaps development epistemology within the DFID hierarchy. On the one hand, the emphasis on policy coherence at UK and Nepali government-levels may be related to the focus on policy activity at these central-levels of DFID and partner governments. It may also reflect government-level concerns to ensure the best use of finite resources and a consistency of messages in an attempt to demonstrate government unity and competence. On the other hand, the emphasis by

DFID Nepal and project staff on ensuring development is focused on and responsive to people perhaps reflects the greater emphasis at these levels on implementing development in practice. Their relative proximity to poor people's livelihoods makes them more likely to witness the reality of development impacts on people. These differences of rationale and orientation have the potential to affect the level and type of engagement in cross-sectoral processes and these differences are also reflected in the reported disjuncture between DFID's political bureaucratic and development roles. Those at DFID London tended to prioritise DFID's political bureaucratic role while those in DFID-funded projects tended to emphasise DFID's development role, although there were many variations within these trends. DFID Nepal staff were somewhere in the middle of these debates, both retaining a hierarchy and concentration on central government-level approaches but also supporting the people-focus rationale for cross-sectoral approaches. This emphasis on the people-focus rationale by DFID Nepal staff also perhaps counters some of the arguments that DFID Nepal is distant from its beneficiaries.

At all levels of DFID, most cross-sectoral activity was clustered around the bottom part of the continuum model presented in Chapter Three. For example, at DFID London, the Maternal Mortality Reduction Task Force was reported by a few respondents to be a good example of cross-sectoral engagement but this view was challenged by other respondents and by documentary evidence that presented a picture involving mainly multi-disciplinary rather than cross-sectoral working. There were low levels of connectivity across sectors and what was described as 'lousy process' due to the emphasis on getting a document completed with the right person's name on it. In Nepal, the Nepali Government, DFID Nepal, and other partners came together to produce a National HIV strategy. This was perceived to be a positive development bringing together previously piecemeal planning and indeed the strategy involved some deeper levels of cross-sectoral engagement including joint decision-making between government and non-government stakeholders. However, according to several

respondents, this strategy process still faced some difficulties regarding the dominance of a particular individual and in ensuring the strategy is implemented.

These examples contrast with the example of cross-sectoral HIV programming in South Africa outlined in Figure 6.2, where the process was described as ‘brilliant’, including lots of dialogue and processes were considered more important than the eventual outcome. At project-level, there were also some encouraging examples of cross-sectoral working across DFID-funded projects and with local government and NGOs, for example, on safer motherhood and health education. These examples often demonstrated higher levels of cross-sectoral engagement such as reciprocity, but there were still many challenges to implementation including the level of disruption to services from the ongoing conflict, that was making it exceptionally difficult for projects to operate in some areas of Nepal. Providing basic services was challenging and in this context cross-sectoral collaboration was sometimes considered a luxury. Another challenge was the time pressure experienced within DFID-funded projects where short project life-spans and constant demands to ensure measurable and deliverable outcomes were thought to detract from cross-sectoral opportunities. Indeed, DFID’s predominantly sectoral monitoring demands were thought to constrain existing and potential cross-sectoral policy and practice.

DFID’s policies demonstrate a strong written commitment to both reproductive health and to women’s education. However, there is less evidence of these two areas being linked within policies and therefore an associated lack of guidelines as to how these issues could be joined together in practice. It may also be difficult to make connections between the two areas where there is a low level of commitment by DFID Nepal for women’s education. DFID Nepal’s position regarding education was weakened by their decision not to replace their education advisor in 2002 and not to support the government’s main education programme. Whatever the reasons for these decisions, in the context of Nepal’s poor education and literacy environment outlined in Chapter One,

it has left DFID's contribution to this key area reliant on contributions from the community literacy and health education programmes run by DFID-funded projects.

The Nepali Government demonstrated some links between reproductive health and women's education within their key policy documents but in reality, strong territoriality and sectorality was reported to persist. There were also reports of missed opportunities for endorsing the strong relationship between reproductive health and women's education through, for example, the PRSP and DFID Nepal's Country Assistance Planning processes.

Despite the reported research-to-policy and policy-to-implementation gaps, DFID was viewed positively by many respondents. The department was considered to be making attempts to debate and engage in difficult and complex issues that some other donors were thought to avoid. Certainly, several external development consultants and contracted managers rated DFID highly in comparison to working with other development donors, and as outlined in Chapter Four, DFID was also rated highly within the UK Government (Ashley 2002; Chakrabarti et al 2002; DFID 2004e; ODI 2000; Short 2003; Watt & Perkins 2003; White 2003).

DFID has undertaken a major step in reorganising Policy Division around a model to improve team-working. Indeed, when account is taken of some of the barriers DFID faces in adopting cross-sectoral approaches, the department perhaps demonstrates higher levels of cross-sectoral engagement than might be expected, particularly at project-level. However, it is unclear how much of the cross-sectoral approach adopted by DFID-funded projects is due to DFID institutionally, rather than to individual project staff and flexible working patterns. Reports of DFID-funded projects reverting to sectoral ways of working whenever they were required to fulfil sectoral monitoring, budget or goal demands from DFID offices, exposed the primacy of sectoral structures and systems at DFID. There were also several references to the lack of calls for cross-sectoral working within DFID-funded projects' operational documentation, such as logical frameworks.

Indeed, cross-sectoral approaches at project-level were described as taking place ‘in spite of DFID’ suggesting that DFID actually hinders cross-sector policy and practice. The lack of clear messages from senior management promoting cross-sectoral implementation throughout the organisation certainly weakens any claims to a high level of institutional commitment.

DFID has perhaps opened itself to criticism about its level of engagement in cross-sector policy and practice due to the level of calls for cross-sectoral and other collaborative approaches within the department’s documents. Criticism has also been fuelled by uncertainty over the benefits of cross-sectoral approaches, an issue that is discussed below.

8.2 Are Cross-sectoral Approaches Beneficial?

Questions can still be raised as to the benefits of working cross-sectorally and while this research certainly highlights some of the potential benefits, little evidence exists to support cross-sector policy and practice. This research, however, was not an impact study of cross-sectoral working and therefore any exploration of potential benefits or disadvantages is based on respondents’ opinions. Despite the paucity of studies assessing cross-sectoral impact, many respondents reported that sectoral approaches were not responsive to people’s broad development needs. Sectoral approaches were described as frequently uncoordinated, inconsistent, incoherent and often involving duplication. It is widely assumed cross-sectoral approaches overcome these problems. However, without complex impact studies cross-sectoral benefits are difficult to assess. The lack of agreement of a cross-sector definition contributes to the challenge of assessing any benefits because respondents were often discussing different concepts.

Several respondents described the emphasis on cross-sector policy and practice as a current trend within development that may soon pass over, only to be replaced by something else. Collaboration is not a new phenomenon and the cyclical nature of development trends alongside the increasing complexity of development demands,

suggests that collaboration is likely to recur or remain on the development agenda. Some of the widespread support for cross-sectorality may be partly explained by the pressure for staff to be seen to support whatever current development trend is in vogue.

The rationales for pursuing cross-sectoral approaches ranged from policy coherence, people-focus, efficiency, effectiveness and synergy, poor outcomes from sectoral approaches, and the cross-sectoral nature of current development goals. These rationales can be interpreted as representing the perceived benefits of cross-sector policy and practice. Respondents described how even low levels of engaging cross-sectorally were thought to improve working processes, with perceived gains for development staff as well as for beneficiaries. Cross-sectoral processes were considered to improve co-ordination and raise awareness of other development actors' views and priorities. However, this raises the question about just who benefits from cross-sector policy and practice. In several of the examples given, such as the HIV programming in South Africa and the Triangle of Skills (see Figures 6.2 and 6.3), the processes were reported to have been positive and beneficial for the staff involved. Benefits to staff are laudable, but what was less clear in both these examples was whether these processes had resulted in positive impacts for intended beneficiaries. This is particularly challenging to assess in the case of the Triangle of Skills and other more theoretical examples that may increase debate but can seem somewhat removed from the reality of the poor people for whom DFID is working.

DFID-funded project staff more frequently demonstrated concerns about cross-sectoral impacts on intended development beneficiaries and about beneficiary involvement in project activities. The example of DFID-funded projects working together and with local government and NGOs at district-level in Rupandehi (see Figure 6.4), demonstrated the benefits of shared community access for cross-sectoral and multi-sectoral activities of benefit to both staff and beneficiaries. This example demonstrated a sharing of project goals and resources resulting in co-ordinated and shared referral systems and service

delivery routes more suitable and accessible to beneficiaries and more responsive to women's multiple roles (Moser 1993).

One reason for a gap between the perceived benefits and the widespread adoption of cross-sectoral approaches may be the common perception that working collaboratively across sectors is difficult. Respondents reported a common necessity to settle for a lower level of cross-sectoral engagement than initially envisaged. Difficulties were reported engaging with other sectors where sectoral budgets and goals undermined their attempts to work with other sectors. Indeed, the most prioritised barrier statement in the 'post-it note' exercise was 'budgets tend to be sectoral'. Budgets were considered to be strongly connected to organisational power and in a competitive organisational culture such as that described at DFID, sectors were wary of collaborative work if it was likely to result in any reduction of sectoral budgets. Those with larger budgets, such as the health sector, will be particularly resistant to merging budgets as they may have the most to lose. Difficulties were also reported where time allocations were insufficient for working through the challenges arising from cross-sectoral working. There was a realisation that the results of cross-sectoral collaboration may be greater than the sum of the parts, but the time necessary for negotiating and building relationships was often considered unrealistic in a context of pressure to produce short term results.

The facilitating factor that was the second most added and prioritised by respondents referred to the need to be clear about the aims and added value of cross-sector approaches. Currently this clarity appears to be lacking. The very difficulty of measuring the impact and benefits of cross-sector policy and practice partly explains the lack of research evidence supporting cross-sector policy and practice. This is challenging, but there are processes that offer valuable learning opportunities, for example, this research included participatory methods and reflective practice, which facilitated learning for both the researcher and the researched on a personal level. Taking part in the research was explicitly reported by several respondents to have given them an opportunity to reflect upon previous work and to begin a process of analysing how improvements could

be made to cross-sector policy and practice. Certainly, the main findings, conclusions and recommendations have a broad potential applicability and form a springboard for progress towards gaining a deeper understanding of cross-sector policy and practice, including impacts and benefits.

The lack of impact studies demonstrating cross-sectoral benefits, the lack of agreement over definitions and operational guidelines, and the gap between the rhetoric and reality of cross-sectorality requires both a redirection of some research attention and a reorientation of focus towards cross-sectoral processes.

8.3 A Focus on Cross-sectoral Processes

Respondents' rationales for pursuing cross-sector policy and practice primarily involved cross-sectoral processes as the means of achieving other ends rather than being valued in themselves. This was particularly marked in respondents' rationales for cross-sectoral reproductive health and women's education, which were dominated by education being viewed as a means to improved reproductive health and economic growth ends. Some specialists from the education sector resented this perception of education as solely a means to achieving targets in other sectors, although this response would also be viewed as a sectoral and territorial position taken by the education sector. These 'means-ends' arguments leave the health sector reliant on education sector engagement for achievement of what are narrowly perceived to be health goals. This interpretation of the research increases competitiveness between sectors and so reduces the likelihood of cross-sectoral engagement and potential reciprocity. This is a missed opportunity for demonstrating greater cross-sectoral understanding on the basis of mutual beneficiaries, research and goals. On the other hand, where goals are set cross-sectorally, all the relevant sectors share responsibility for processes and outcomes, positive or negative. This cross-sector reciprocity does not suggest a diluting of sectoral knowledge, but rather a lowering of the territorial boundaries and strength of sectoral ownership and an increasing awareness of 'the other'.

The debate about cross-sector policy and practice as means or ends was grounded within the research data in this study. The lack of clarity as to how to achieve cross-sectoral engagement, what form connections should take and what constitutes good practice all contribute to poor knowledge of cross-sectoral processes. Reflecting on the data and this paucity of operational guidance led to a realisation of the need for more emphasis on cross-sectoral processes in themselves at least in the short-term. This realisation reflects Walt & Gilson's (1994) focus on the critical role of processes within policy analysis outlined in Chapter Two.

Some respondents described cross-sectoral approaches as common sense. The vast diversity of cross-sectoral conceptualisation within this research, however, demonstrates that views of common sense were not consistently shared, with individuals thinking and acting differently under the label of common practice. This underlines the need for some institutional operational guidelines if cross-sector rhetoric is to be matched by reality and by a consensus of what constitutes cross-sector good practice.

Attention to cross-sector processes would also benefit many of the current cross-sectoral targets such as the MDGs and poverty elimination. Clift (2002) argues that poverty elimination is more likely to be effective where disciplines work together. Despite many authors being convinced of the need for a cross-sectoral response to these targets, there are few guidelines about how sectors should work together and the MDGs frequently continue to be interpreted sectorally.

DFID's predominant emphasis on quantitative targets, on achieving outcomes and ensuring that money is disbursed efficiently, overlooks the importance of processes and misses many of the subtleties of beneficial development. Although respondents strongly endorsed this impression, DFID acknowledges development subtlety and complexity in its vision of sustainable livelihoods (SL):

“it is hard to weigh up the relative value of increased well-being as opposed to increased income, but this is the type of decision that people must make every day when deciding which strategies to adopt” (DFID 2001k: Section 2.6).

Shifting some attention to processes was viewed by some respondents as more people-centred than the often dominant emphasis on measurable product. Yet, in terms of accountability to both donor and recipient countries, measurability remains important. A balance is needed between pursuing processes and achieving targets that acknowledges that processes and outcomes are interdependent (Kabeer & Subrahmanian 1999; Laverack 2004; Mosse 1998a). This inseparability of processes and outcomes is amply demonstrated by the devastating impact of the use of coercion within many previous family planning programmes (Blake 1998; Correa & Reichmann 1994; Hartmann 1995; Kabeer 1994), and is also illustrated by the emancipatory potential for gender progressive processes on gender equality outcomes (Cornwall 2000).

However, the choice is not between processes OR outcomes, but rather it is about reassessing the relative weight given to processes and outcomes. In the case of DFID there is strong support from respondents for a shift away from a dominant focus on quantifiable outcomes and products, that may have been partly responsible for sidelining the importance of processes, and towards a recognition of the importance of both outcomes AND processes. DFID is not alone in emphasising product and measurable, quantifiable outcomes, and most individuals or institutions stress one more than the other. The continuum model offers one framework that may help to move the debate from one of processes OR outcomes to the promotion of processes AND outcomes. Indeed, the continuum model is a useful conceptual framework for exploring the middle ground not only between processes and outcomes, but also between sectoral and cross-sectoral approaches, and between other polarised debates. In addition, diagramming methods used in this research study offer another valuable way of exploring cross-sector processes in more depth. The utility of these tools is recognised in the inclusion of the continuum model and diagramming methods within the cross-sector toolkit outlined in Appendix B. This cross-sector toolkit attempts to bring together useful resources for

increasing discussion of cross-sector policy and practice, but is a resource that remains a 'work in progress'. These methods have potential utility for organisations wishing to increase awareness and understanding of cross-sectoral processes in an attempt to improve policy implementation. The three diagram examples relating to the Nepal National HIV Strategy process (see Figures 7.5, 7.6 and 7.7) powerfully demonstrate the enhanced understanding that can arise from the varied realities of actors from different sectors but regarding the same process. These diagramming methods made a valuable contribution to the data collected in this research and this contributed to many lessons for cross-sector policy and practice that are explored further in the following section.

8.4 Lesson-Learning for Cross-sector Policy and Practice

There are many valuable lessons within this research for DFID and other organisations utilising cross-sector terminology or wishing to explore and improve cross-sector policy and practice. The broad support for cross-sectoral working within many documents, the inconclusive evidence of their benefits and a paucity of details for how to achieve this collaboration all suggest the need to learn lessons. Therefore this section outlines key lessons in the following inter-related areas: the need to find middle ground; bridging the research-to-policy and policy-to-implementation gaps; the need for individual and institutional support; maximising facilitators and finding strategies for dealing with barriers; the importance of context; and the need for further research.

8.4.1 The Need to Find Middle Ground

Within this research respondents often utilised polarised debates, for example, products or processes, cross-sectoral or sectoral, political bureaucratic or development roles. However, the same respondents also described and presented varying levels of cross-sectoral engagement suggestive of a continuum model. Although continuum models are not new, to the best of my knowledge their use for conceptualising cross-sectoral engagement is new. The continuum model's relevance became apparent during reflection on themes grounded within the research data rather than in the earlier stages of research design and literature searching. The cross-sector continuum is therefore a

grounded theory since the idea emerged from the data and through a reflexive process of praxis, the concept was used to inform and guide the research. The existence of previous continuum models within a variety of other research discourses underlines the growing argument mentioned in Chapter Two, that grounded theory does not begin with a blank theoretical sheet (Charmaz 2000; Glaser 2002). Although these models were in existence, the research data raised the possibility of their utility. However, if I had been previously unaware of these models it remains questionable whether this connection would have been made or whether the model would have taken another form. Therefore grounded theory has relied on previous knowledge. In addition, it was noted in Chapter Two that research ideas are being continually adapted and are not a perfected product (Glaser & Strauss 1967). Therefore, the cross-sector continuum is a model that could continue to be improved on the basis of experience and evaluation.

The multiple levels of possible cross-sectoral engagement demonstrated in the cross-sector continuum model challenge perceptions of a simple distinction between cross-sectoral and sectoral approaches. Contrary to concerns that cross-sectoral approaches signal the demise of sectors and disciplines, cross-sector policy and practice require specialist contributions (DFID 2001k; Harriss 2002; Petrie 1976). Yet, in higher levels of cross-sectoral engagement, sectors would not simply contribute in an isolated fashion; as Petrie describes in relation to inter-disciplinarity: “different participants need to take into account the contributions of their fellows in order to make their own contribution” (Petrie 1976:30). This requires a basic knowledge of the working language and practice of other sectors and a significant change in mindsets in order for traditionally sectoral organisations to acknowledge cross-sectoral alternatives involving shared goals, roles and responsibilities. Therefore, there were some comments about the irony of achieving cross-sector working within DFID’s Policy Division only by getting rid of sectors. Indeed Policy Division’s team-working cannot be strictly cross-sectoral where sectors cease to exist. This absence of sectors was not popular with all respondents, and one member of DFID staff worried that her specialist disciplinary knowledge and skills would be eroded by working in multi-disciplinary teams. This was not seen as a problem

for future employment within DFID, but was perceived as a difficulty for future employment in other organisations.

These issues are mirrored by the recent concerns within geography discourse, outlined in Chapter Three, that successful cross-sectoral approaches are threatening to undermine geography's 'intellectual core' (Conacher et al 2002). However, the poor knowledge of the reproductive health and women's education research demonstrated by many 'specialists' in this research suggests some of this expertise has already been eroded, perhaps partly due to DFID's emphasis on staff management skills (Chakrabarti et al 2002). The middle ground may be explored through the cross-sector continuum but also through DFID's own Skills Triangle Model. The current stress on management and administrative skills is creating unevenness with bias towards one point of the triangle. Yet, this skills triangle was suggested by one respondent as providing a potential strategy for cross-sectoral approaches, and if DFID continues its positive use of this framework for staff recruitment and professional development, it may lead to a rebalancing of the department's Triangle of Skills.

Another dichotomy that may benefit from exploration using the continuum is the disjuncture between DFID's bureaucratic political role and its development role. Currently, the inconsistent messages perpetuated by these different roles jeopardises DFID's internal and external policy coherence. In common with the dualities of a focus on product or process, cross-sectoral or sectoral approaches, the key is to find middle ground between DFID's roles. Respondents thought primacy was currently being given to DFID's political role. Indeed, respondents thought that new initiatives within DFID London had little power to change underlying bureaucratic structures. DFID's political bureaucratic role remains dominant. The language used within DFID, which Handy (1991) argues is revealing of an organisation's motives, remains predominantly that of political bureaucracy, quantification and the 'business' of development (DFID 2000a, 1997a; McGrath 2002a). Yet, DFID cannot easily change its position within the UK Government, larger bureaucratic structure and environment of which it is part. As

outlined in Chapter Four, this has serious implications for DFID's relationship with its beneficiaries and its commitment to reducing gender inequalities. DFID faces increasing pressure to ensure it becomes more responsive to the poor despite these bureaucratic barriers (DFID Nepal 2003; Hilyard et al 2001; Upadhyaya et al 2002) and if it is to respond, the department will need to embrace both its political bureaucratic role AND its development role.

A final example to illustrate the need for middle ground is the primacy DFID is giving to central government support over project-based development. In Chapter Four, DFID was reported to have interpreted the new aid relationships as a fundamental shift from projects to supporting development partnerships predominantly with governments (DFID 2000c). On the other hand, Hinton & Groves found more middle ground in their interpretation of projects moving to 'become one element in a wider development agenda' (Hinton & Groves 2004:5). Embracing the middle ground enables the debate to move from dominant central government support OR projects to the realisation that both approaches can co-exist with changes to the relative weight given to each approach based on assessment of the most suitable approach for particular development contexts.

Moving from polarised arguments to shared understanding and coherence through cross-sectoral approaches is immensely challenging. Yet, this challenge commences from the moment a social constructionist epistemology is embraced. In acknowledging the existence of multiple realities, the pursuit of one truth or one policy outcome is rejected. In the context of cross-sector policy and practice, this means moving from the relative safety of believing in dualities such as cross-sectoral or sectoral approaches, outcomes or processes, and shifting instead to negotiating the uncertainty of many co-existing realities, and realising the acceptability of more than one process, outcome or argument. Consensus may lead to agreement, but dissent and conflict remain part of a healthy dialogue between different realities. Moving towards open-mindedness, pluralism and associated uncertainty is challenging, but this is the implication of social constructionism and multiple realities applied to cross-sector policy and practice.

8.4.2 Bridging the Research-to-Policy and Policy-to-Implementation Gaps

The two key gaps highlighted in this research were those between research and policy and between policy articulation and implementation. Neither of these are new gaps and there have been numerous calls for greater integration between all stages of research and policy processes (Cabinet Office 1999; Hannay et al 2004; Grindle & Thomas 1991; Leichter 1979; National Audit Office 2001).

In terms of the research-to-policy gap, this study highlighted key challenges in ensuring wider knowledge of relevant research across different sectors and disciplines, and where research is known, preventing selective or sectoral interpretation of research findings. Poor knowledge of reproductive health and women's education research among some specialist staff at DFID and the Nepali Government was particularly marked. This demonstrated the need for wider dissemination of research outside sectoral and disciplinary boundaries, but also the need for those working in specialist subject areas to increase their knowledge of their own specialism. Several senior individuals appeared to be making policy that is unlikely to be evidence-based as they were relatively unaware of the evidence. Indeed, DFID prioritisation of management skills among its staff has concerning implications for achieving evidence-based policy. Poor knowledge of the reproductive health and women's education research among some DFID staff, selective interpretation of this research and limited cross-sector implementation experience has the potential to impact on DFID's partners through DFID's strong 'influencing' agenda.

The challenge to ensure evidence-based cross-sector policy and practice is gargantuan where busy policy staff continually need to update their specialist knowledge as well as their knowledge of other sectors' and cross-sectoral research. However, as Interviewee 09 notes on page 183, the process of working cross-sectorally may in itself offer opportunities for learning about other sectors' research knowledge, skills and disciplinary languages, so facilitating greater cross-sectoral understanding and increased knowledge of broader evidence upon which to base policy. Challenges faced by researchers include where to publish cross-sectoral research or research of cross-sectoral

interest and how to ensure it enters the policy arena. Continual dialogue between research and policy communities is essential as is the involvement of researchers in policy and policymakers in research processes. Yet, policy remains predominantly driven by politics rather than research.

Despite well-evidenced work outlining the need for connections between health, education, social development and economic development rather than the primacy of any one area (Caldwell 1986; Mehrotra 1997a; Taylor et al 1997), a strong selective emphasis towards economic rationales persists in development discourse and practice. Indeed, it was noted in Chapter Five that some of the key studies linking reproductive health and women's education have been funded by The World Bank and many policies retain a focus on economic ends. For example, the emphasis on contraceptive provision frequently remains linked to population control agendas promoting fertility decline and economic growth. There were also many examples of DFID and their partners selectively interpreting reproductive health and women's education research to suit particular ends. For example, DFID Nepal's emphasis on technical approaches to reproductive health has stressed maternal mortality reduction and contraceptive provision (DFID 2002L, 2000L). These initiatives are relatively easily measured in comparison to broader sexual reproductive health (SRH) agendas from the ICPD Plan of Action that include links to women's education and empowerment (Singh 1998; United Nations 1995). Indeed, the limited assimilation of the ICPD Plan of Action into policy (DeJong 2000; Hartmann 1995; Jeffrey & Jeffrey 1998; Singh 1998; Sen et al 1994; Zeitlin et al 1994) may in part be influenced by the difficulty of measuring broad outcomes, where most donors retain the desire to attribute impact.

Cross-sectoral approaches stressing reciprocity rather than 'means to ends' arguments require good research knowledge of one's own sector, but also openness to research knowledge from other sectors and from cross-sectoral studies. This places a high demand on staff capacity but also offers the potential to identify new alternatives and approaches to previously narrowly defined issues. The level of cross-sectoral

engagement, however, is likely to be influenced by the level of research knowledge among those contributing to processes.

The policy-to-implementation gap is frequently noted within this research and in many other studies. Where an organisation is committed to implementing cross-sectoral approaches, clearer definitions and guidelines about how to implement these approaches are needed. Senior management can also endorse implementation by ensuring clear messages of support for implementation are communicated throughout the organisation. In addition, they can promote facilitators and create strategies for dealing with barriers to cross-sectoral approaches (as outlined below in section 8.4.4).

These gaps between research-to-policy-to-implementation expose a fragmented overall process. However, these gaps are common and many of the suggested solutions are not new. Change will only take place when research, policy and implementation are considered as essential parts of an overall process. Poor attention to any part, weakens the overall process. There may be individual responsibility for specific contributions but collective responsibility needs to be taken for ensuring all elements of the process are effective.

8.4.3 The Need for Individual and Institutional Support

Individuals were perceived to be both facilitators and barriers to cross-sectoral approaches and individuals are powerful determinants of whether policy intentions are implemented. Respondents frequently described relations between staff, sectors and projects as dependent on inter-personal relationships. Reports of personality clashes and having to 'tread on eggshells' with colleagues at DFID were considered barriers to cross-sectoral collaboration. Certainly, the descriptions of the Nepal National HIV Strategy Group and the Maternal Mortality Reduction Task Force at DFID London outlined the negative influence of dominant individuals on cross-sectoral processes (see Figures 7.2, 7.5, 7.6 and 7.7). On the other hand, supportive individuals were frequently critical parts of successful examples of cross-sectoral engagement such as the mapping

of HIV Programming in South Africa illustrated in Diagram 6.2. This suggests that DFID and other organisations can influence the success of its work by paying attention to the individuals within the organisation.

Despite earlier criticism of the dominance of management and administration skills, the Triangle of Skills has made a positive contribution to understanding the balance of skills needed within DFID staff groups. However, this model has also highlighted the already exceptionally high demands on staff knowledge and skills, and the calls for cross-sector policy and practice increase demands on staff further. Many DFID staff were described as overworked and in this context institutional allocation of time for cross-sectoral work would send a strong message of support from senior management. Certainly, unless individuals are supported to work cross-sectorally through changes such as appropriate allocation of time, staff will remain overstretched and the organisation will rely on willing individuals and opportunism for implementation to take place.

There are risks in relying too heavily on individuals if there is not the necessary institutional support to ensure individual influence follows an organisation's desired direction. This reflects Walt & Gilson's (1994) reference to actors as individuals and as members of groups, or in this case, organisations. Without guidance and support, individuals may act in the interests of the organisation, but this is not guaranteed. Consequently, institutional support for individuals is of paramount importance. DFID needs committed and innovative individuals to translate its organisational goals into reality, and these individuals are strongly influenced by the organisation. Therefore, attempts to increase cross-sectoral approaches need to be addressed at both an individual and an institutional level, because one without the other weakens the possibility of cross-sector policy implementation. Within DFID, cross-sectoral collaboration on an individual level was often reported to be stronger than at an institutional level. Indeed, some project-based respondents suggested cross-sectoral approaches were good practice but they reported no institutional support for working this way, such as through the widespread use of cross-sectoral budgets.

In retrospect, it is interesting to note in this research that the barriers and facilitators selected for inclusion in the 'post-it note' exercise mostly had an organisational focus and this may have led to greater criticism of organisational rather than individual influences on cross-sector policy and practice. However, many respondents still identified the critical role of individual influences on cross-sectorality, such as the positive nature of senior managers' support and individual champions or the detrimental impact of dominant individuals. Due to their close inter-dependence, both institutional and individual commitment to cross-sector policy and practice are needed for effective implementation.

8.4.4 Maximising Facilitators and Finding Strategies for Dealing with Barriers

Within this research many facilitators and barriers to cross-sector policy and practice have been identified. Some key lessons from the research are discussed here in relation to: management support and communication of cross-sectoral messages; organisational culture; and policy coherence.

Management Support and Communication of Cross-sectoral Messages

Respondents were clear that top-level management support is necessary for any policy issue to progress within DFID. The presence of calls for cross-sectoral and collaborative approaches within DFID's policy documents suggested organisational support for these approaches. This was not matched, however, by internal operational endorsement throughout the different levels of DFID. A strong cross-sector message was absent from the DFID day-to-day operational discourse. This was seen, for example, in the lack of promotion of cross-sectoral approaches within contractual processes with external development consultants. Some staff argued DFID is not an implementing agency and these views may help to explain the poor attention given by DFID to implementing its own calls for cross-sectorality.

The contractual management process was criticised for a number of reasons. The contractual process distances DFID from implementing its own policies. In addition, management organisations are set up in competition with one another and these same organisations often then go on to be expected to work alongside each other at country-level. Without strong top-level messages and commitment to cross-sector policy implementation, each time DFID contract out a piece of work it creates extra layers between the organisation and its intended beneficiaries and this is likely to weaken the department's fragile cross-sectoral messages further.

In terms of communicating strong organisational messages about cross-sector policy and practice, earlier reports of DFID requiring projects to revert to sectoral approaches in order to fulfil sectoral monitoring and evaluation demands are concerning. In a situation where projects were reporting successful cross-sectoral engagement, DFID has instead communicated strong sectoral messages. The lack of support for cross-sectorality was also found in an absence of cross-sector reproductive health and women's education messages at DFID London. This situation raises questions about the level of DFID's commitment to cross-sectoral approaches generally and more specifically between reproductive health and women's education. Furthermore, top-level support is needed to formalise definitions, create strategies for operationalising cross-sector implementation institutionally and to allocate the necessary time for cross-sector processes.

At DFID London, senior management support for cross-sector policy and practice was considered to have been demonstrated through the significant step of reorganising the Policy Division. Changes at Policy Division also involved the pooling of some previously sectoral budgets, and this demonstrates an attempt by DFID to overcome one of the major barriers to cross-sector policy and practice identified by respondents. Structural change can certainly form a strong support base for particular styles of working, but as mentioned earlier, this needs to be accompanied by changes in mindsets. There is also a need to retain a degree of flexibility regarding ways of working. The Policy Division cross-sectoral teams have faced criticism for not matching remaining

sectoral divisions and government ministries. However, the new structure was reported to have increased cross-sectoral working, and time will tell what impact new approaches may have on the outcomes of Policy Division and on other parts of the organisation.

Organisational Culture

Linked to the earlier discussion highlighting the importance of institutions, is the realisation that organisational culture strongly influences work processes and outcomes. DFID is currently oriented to work sectorally, with the use of sectoral project codes, targets and budgets. The constraints on DFID's ability to change its bureaucratic structure may contribute to this sectorality of systems. However, there are still some opportunities to make changes within the organisational culture that may enable the sectoral and cross-sectoral to co-exist successfully.

Respondents' reports of the competitive culture, budget protectionism and territoriality between sectors at DFID are unlikely to enhance cross-sectoral reciprocity. Indeed, the frequent reports of strong territorial behaviour by the health sector raise a particular challenge for cross-sector policy and practice involving health staff. Interestingly, Eyben & Ladbury (1997) also noted that collective participation involving health was particularly problematic in comparison to other sectors. Although there were no definitive explanations about why the health sector was more territorial than other sectors, some discussion focused on the health sector's fear of losing organisational power if their larger budget is threatened by pressure to pool funds. There was also discussion about health sector specialists' claims that their technical background enabled them to work in relative isolation from other sectors although this technical expertise could be claimed for many other areas and sectors. Eyben & Ladbury claim "...health professionals have traditionally tended to take a more top-down authoritarian (doctor knows best) approach to their clients than have more other technical specialists" (Eyben & Ladbury 1997:196).

Another suggestion was that a traditional hierarchy of disciplines has existed that has given the highest privileges to professionals such as doctors and lawyers. Within international development, these privileges have often been held by doctors and economists. Indeed, one respondent described most Ministries of Health being dominated by medical staff and this commonality of disciplinary background strengthens a sectoral stance that does not encourage cross-sectoral learning.

Reports of the health sector dominating multi- and cross-sector proceedings, and the view of health sector staff that they can in some cases work better sectorally are perhaps partly a result of this historical context. The health sector's focus on disease, epidemiology and measurability was also thought to have exacerbated the sector's difficulties in adopting a cross-sectoral vision and may contribute to an over-emphasis on outcomes. The frequency with which concerns were raised about the health sector dominating cross-sectoral approaches suggests the need for specific attention to be focused on breaking down these barriers by changing mindsets within the health sector. These changes would also be likely to alter current views of the health sector held by other disciplines.

The professional backgrounds and disciplines that people come from and work within are areas of specialist knowledge and expertise that are a valuable asset to sectors and to cross-sectoral policy and planning (Harriss 2002). Yet many people are trained in more than one discipline, have experience in more than one sector, and are not necessarily strictly bound by their disciplinary expertise, being able to 'think outside the box'. Staff with multidisciplinary backgrounds may support cross-sectoral approaches although some authors warn that this may lead to individuals with poor sectoral expertise (Kanbur 2002; Petrie 1976). People's background disciplines are not necessarily their primary means of identification or behaviour but disciplines remain strong forms of identity and community for staff in organisations built on disciplinary or sectoral structures.

Other key concerns within the DFID organisational culture are the emphasis on 'influencing' rather than listening, negotiating and compromising, and suggestions that the organisation is 'risk averse' that promotes a strong pressure on staff to succeed. These characteristics create a culture where lesson learning is undervalued and the organisation may be too sure of its own approach (King & McGrath 2004; McGrath 2002a). This position may be understandable where Staudt reports "...public information about mistakes, inefficiencies and ineffectiveness may undermine prospects for maintaining and augmenting next year's budget" (Staudt 1998:202). However, DFID may also lose some valuable opportunities for lesson learning.

Despite many challenges to cross-sector policy and practice within the DFID organisational culture, there were also some positive features that if enhanced, could create an enabling environment for cross-sectoral approaches. These included reports of flexibility, dynamism and capable, talented staff. In order to engender a more supportive culture for cross-sector policy and practice these facilitating factors need to be supported and maximised.

It was perhaps expected that reports of the organisational culture from DFID staff would be more positive than reports from partners and project-based staff. However, there was not a strong contrast between the two and some partners gave very positive reports while some office staff were extremely critical. There were also no clear differences in the cultures described at the DFID London, East Kilbride and Nepal offices.

Finally, in relation to organisational culture, the relationship between DFID and Nepali organisations was considered poor by some respondents due to a mutual lack of understanding of different organisational management cultures. DFID's influencing agenda often took little account of the Nepali context. A greater mutual familiarity and understanding of each other's organisational and management cultures is a critical first step to improving donor-recipient relationships in Nepal and elsewhere. Better relations and therefore better quality policy may also be promoted through greater emphasis by

DFID Nepal on accountability to beneficiaries, and through less use of short-term consultants with poor knowledge of the country in which they are working (Hancock 1989; Justice 1989; Sylvester 2004; Tamang 2003). DFID and Nepali organisations could focus on shared goals, motivations, lessons and even challenges in order to find commonalities around which to cohere and encourage collaboration. For example, the Nepali government faces a similar challenge to DFID in ensuring coherence between its bureaucratic political role and its development role, and sharing solutions to mutual challenges may help to forge greater mutual understanding.

Policy Coherence

Policy coherence was proposed as one of the rationales for pursuing cross-sector policy and practice. However, it is also a key facilitating factor for cross-sectoral approaches. For organisations calling for cross-sectoral approaches, implementation of these calls is more likely where this policy proclamation is supported by other policies that are consistent with this aim, within a context where potential facilitators and catalysts are maximised.

Alongside their calls for cross-sectorality, DFID strongly advocate Sector Wide Approaches (SWAs) and moving away from project-based development. Yet, SWAs were thought by some respondents to promote sectoral approaches inconsistent with cross-sectorality. In addition, DFID's move away from project-based development towards central government support was thought to undermine the higher levels of cross-sectoral engagement found within projects. Similarly, scaling-up projects to larger programmes may lead to the loss of some cross-sectoral engagement, communication and quality of relationships (DeJong 2003; Handy 1991).

Although there are questions about the appropriateness of pursuing SWAs, exploring the middle ground would acknowledge the potential benefits of both cross-sectoral approaches and SWAs or other forms of central government support. Where SWAs are deemed an appropriate way of proceeding towards sectoral co-ordination, cross-

sectoral elements could be strengthened within these approaches. There are benefits and disadvantages to both central government and project-based systems of aid disbursement. DFID is working in partnership with many governments that demonstrate poor governance capacity. This impacts on the quality of central government-level programmes and suggests the need for the continuance of at least some projectised development. Many respondents strongly supported a 'twin track' approach involving both ways of working. In the current Nepali context, where there are major questions over government legitimacy and capabilities due to the conflict, this approach would also enable project-based service delivery to continue albeit in a restricted manner.

Other policies coherent with the pursuit of cross-sectoral approaches include maximising potential cross-sector catalysts. However, DFID was overlooking several potentially valuable opportunities for advocating and supporting cross-sector policy and practice through gender, sustainable livelihoods (SL), HIV and the MDGs discourse. Very few respondents mentioned gender, and those that did, described poor levels of engagement with gender issues by DFID, including a lack of gender training, poor understanding of strategic redistributive requirements for achieving gender equality and a lack of gender championing. As Tuladhar argues,

"in order to bring about transformation of gender structures, the fundamental links between equality and development need to be sharpened. The basic rights of women can not be isolated from the transformation of institutions that subordinate them" (Tuladhar 1998:65).

As one of the key rationales for cross-sectoral approaches within development literature, the failure by DFID to engage effectively in pursuit of gender equality may dilute potential support for cross-sectoral approaches. Similarly, the strong support for cross-sectoral approaches within the SL literature was undermined by DFID's choice to interpret SL as a sector rather than a cross-sectoral framework to be utilised by the entire organisation (Ashley & Carney 1999; Carney 1998a; Fustukian & McDonald 2003).

HIV was the subject of most multi- and cross-sectoral examples given by respondents, and certainly there are few development staff who believe HIV challenges can be solved

sectorally. The examples of multi- and cross-sectoral approaches within HIV work have valuable learning potential for all cross-sectoral policy and practice. Despite the ICPD Programme of Action calls for broad SRH agendas that include HIV, DFID frequently continues to separate HIV budgets, personnel and policies from SRH resulting in underutilisation of valuable cross-sectoral lessons.

The MDGs offer similar opportunities for promoting cross-sectoral approaches that are also reportedly under-utilised. The MDG targets are a valuable acknowledgement of the cross-sectoral nature of development and are useful and necessarily grand targets to gain momentum and consensus among development actors. However, many respondents argued that these targets were primarily interpreted sectorally. For those pursuing cross-sectoral approaches, these are valuable supportive catalysts that could promote consistent messages. They may also provide shared goals that can become a focal point around which sectors can cohere.

Respondents also identified possibilities for maximising cross-sectoral methods through the focus on shared goals within organisations that concentrate on a particular population or community of individuals, such as UNICEF (children) and Age Concern (older people). These organisations have to work cross-sectorally in order to meet the complex needs of their target population. The focus on the broad needs of a particular group of people encourages a vision that is holistic rather than sectoral. This approach identifies all the necessary factors for meeting people's needs rather than habitually identifying goals that are considered to automatically belong to a particular sector. Similarly, global disasters such as HIV and the recent Asian tsunami (December 2004) are widely shared concerns that have the potential to alter individual and organisational orientation away from sectoral ownership and boundaries towards shared agendas, co-ordination of resources and greater possibilities of synergy resulting from cross-sectoral responses.

8.4.5 The Importance of Context

In order to operationalise calls for cross-sector policy and practice, the implementation context is crucial. The context critically influences the possible levels and types of cross-sectoral engagement, and this is consistent with Walt and Gilson's (1994) stress on the importance of policy context. In Nepal, the escalating conflict has led to the Maoists claiming control of vast regions in the west of the country, questioning the legitimacy of the government and other government-affiliated bodies such as the Nepal Development Forum. This situation contributes to a poor policy environment within which to pursue policy implementation. Criticism regarding poor implementation of policies has been aimed at both DFID and the Nepali Government. Similarly both DFID and the Nepali Government have faced criticism of the short-term nature of many staff contracts: DFID for its use of short-term consultants and the Nepali Government for the frequency of staff transfer linked to strong patronage systems. A poor policy environment, poor implementation records and constant staff changes create an unsupportive context within which to promote cross-sector policy and practice, although many respondents argued that this context made it even more important to pursue collaborative approaches.

Some staff thought that the conflict encouraged more cross-sectoral engagement around, for example, security issues but others argued it made collaboration more difficult. It is therefore somewhat surprising that examples of cross-sectoral approaches were more frequently cited at project- and district-levels in Nepal than elsewhere at DFID. It is possible that at DFID-funded projects some of the Nepali contextual challenges, such as frequent staff transfer and poor implementation, are avoided. Projects had witnessed some changes of staff, but less than were described within the Nepali Government. The smaller scale of work also led to a broader sense of responsibility for overall project work among staff rather than the primacy of individual work roles. Projects' focus on delivery of specific outputs and activities alongside a flexible approach to ways of working contributed to a better implementation record than other parts of the DFID hierarchy or Nepali Government.

Project activity in Nepal continues to be threatened by the escalating conflict situation. Projects have had to withdraw from some geographical locations due to the level of real or threatened violence. The worsening situation is illustrated by the apparent lack of Maoist activity within Rupandehi District at the time of my fieldwork in 2002/2003 whereas the area has since been significantly affected by violence (ORF 2004; Rising Nepal 2004).³²

8.4.6 The Need for Further Research

The discourse on cross-sector policy and practice is limited and contains some significant gaps. Definitions and operational guidelines are virtually absent, but perhaps of most concern, there is very little evidence about the benefits and added value of cross-sectoral approaches. Measuring cross-sectoral impact is highly complex and challenging due to the problems of attributing cause and effect among so many related factors and actors and the need to focus on both processes and outcomes. In addition, the potential benefits of cross-sectoral approaches may be misunderstood or underestimated if quantitative monitoring and evaluation dominate. Cross-sector approaches may require not just the use of more process indicators, but a reorientation to more qualitative methods of assessment that are sensitive to subtleties, synergy and reciprocity. The cross-sector continuum offers some descriptive elements of cross-sectoral engagement that could be adapted as process indicators. Equally important, however, would be to stimulate debate about cross-sector processes and the importance of “mutual reciprocity and trust” (DFID 2001k:Section 2.3.2). Despite the reports of higher levels of cross-sectoral engagement at project-levels, it may be easier to demonstrate the relative benefits of cross-sectoral impacts on policy coherence within documents than to demonstrate cross-sectoral impacts on poor people.

³² At the time of my fieldwork, although there were reports of little Maoist activity in Rupandehi, several individuals acknowledged that the geographical proximity of Rupandehi to the Indian border made it likely Maoists were utilising transport routes in the area.

There is little specific research into cross-sectoral approaches and most studies that touch on cross-sectorality have taken place outside the international development arena. Indeed, it has been mentioned earlier, that the calls for cross-sector policy and practice within international development are not matched by strong evidence outlining beneficial impacts. Morgan's (2001) observation in relation to participatory approaches that communities often view issues more cross-sectorally than development planners is a useful contribution to the cross-sectoral debate. This broad defining of health by a community was illustrated by one respondent's description of women in a local village in the Kathmandu Valley, in Nepal. These women planned pregnancies so that no births occurred during the monsoon season when the village is cut off from Kathmandu. The women understood the danger of pregnancy problems occurring at a time when they could not travel and therefore access the nearest hospitals. These women recognised the links between reproductive health and transport because their non-sectoral lives required them to make these connections. This suggests that organisations have some lessons to learn from the communities they work with, and that those closest to these beneficiaries' views at project- and district-levels are perhaps benefiting from a greater awareness of the need for a cross-sectoral outlook to match that of the people with whom they work. Therefore further research into cross-sectoral approaches may benefit from community-level studies that can highlight people's understandings of their cross-sectoral livelihoods.

Chapter Nine: Conclusions and Recommendations

9.1 Conclusions

This research has led to four main conclusions. First, at DFID higher levels of engagement in cross-sector policy and practice were found at project- and district-levels. However, DFID's choice to utilise contractual management arrangements has led to a situation where the highest levels of cross-sectoral engagement found in this research were within the setting that least identifies with DFID. DFID retains the ability to influence the work of projects it funds but in the context of poor communication of cross-sectoral messages throughout DFID, the higher level of cross-sectoral engagement at project-level is difficult to attribute to DFID. Morgan's (2001) findings that communities typically define their health more broadly than professionals suggests there are valuable cross-sectoral lessons to be learned from beneficiaries themselves and the settings closest to people's lives that are more likely to acknowledge cross-sectoral realities. DFID's calls for cross-sectoral approaches are therefore thought to be jeopardised by the department's current emphasis on central government support and moving away from project-based and smaller-scale development approaches to aid disbursement.

Second, there are gaps in the cross-sector research-to-policy-to-implementation process. Exploring the specific cross-sectoral relationship between reproductive health and women's education at DFID exposed poor knowledge and selective utilisation of existing research evidence, raising concerns about the influence this has on the quality of DFID's policies. DFID's documents call for cross-sector policy and practice and other collaborative approaches and the department has attempted to facilitate this through significant structural changes at their London office and through engagement in debates about the Triangle of Skills and Core Team Working models. Indeed, DFID was described by other parts of the UK Government and by external development consultants as more responsive to the changing development context in comparison to some other donors. Yet, many DFID staff and partners were critical of the organisational culture, approach and lack of commitment to cross-sectoral implementation. DFID has overlooked defining and clarifying cross-sector

operational processes and communicating these ideas throughout the organisation. DFID's reportedly poor commitment to gender, sectoral interpretation of Sustainable Livelihoods (SL) approaches and the MDGs, and failure to link HIV to the broader SRH agenda were all thought to be missed opportunities for utilising catalysts for improving cross-sector advocacy and implementation. The result is that DFID's calls for cross-sector policy and practice are not matched by a similar organisational commitment to implementing these calls. Therefore, in addition to the research-to-policy gap, a cross-sector policy-to-implementation gap was identified.

Third, there is little evidence for the benefits of cross-sectoral approaches, but they receive widespread support on the basis of perceived benefits. However, collaboration is frequently seen as time-consuming and difficult, and therefore, the time invested and the level of cross-sectoral engagement should be commensurate with both the perceived need and the perceived benefits of adopting a collaborative approach. Currently, claims for cross-sectorality should be couched in tentative terms until further research assesses the impact of applied cross-sector policy and practice examples. The lack of evidence and impact studies led many respondents to comment that much existing cross-sectoral activity was 'learning by doing' and there was great uncertainty about what constitutes best practice in cross-sectoral approaches.

Finally, the absence of cross-sector definitions, operational guidance and implementation suggests the need for more emphasis on cross-sectoral processes. DFID stresses the importance of outcomes and cross-sectoral processes were predominantly rationalised as a means to other ends. However, before cross-sectoral processes can be utilised to achieve goals, the processes themselves need attention and this could be achieved through, for example, use of the cross-sector toolkit for staff training and clarification of sectoral roles and responsibilities (see Appendix B). Concepts, rationales and perceived benefits need clarification and greater institutional support in order to place cross-sectoral processes in a stronger position to contribute to improving outcomes. The strong relationship between processes and

outcomes suggests the need to focus on both rather than prioritising one over the other. As Kabeer and Subrahmanian state

“thinking through the relationship between the means and ends of development and ensuring that they are compatible and not in conflict is integral to the achievement of ends of well-being” (Kabeer & Subrahmanian 1999:205).

9.2 Recommendations

This study exposed barriers to cross-sector policy and practice covering all aspects of the Walt & Gilson (1994) policy analysis framework: content, context, processes and actors. This suggests that attention is needed in all of these areas if improved cross-sector policy implementation is to be realised.

This research has drawn extensively on the work of many other studies of collaborative work and there are a number of recommendations from within these studies that this research endorses. There is a need for implementation to be viewed as part of all policy processes (Bullock et al 2001; Cabinet Office 1999). Indeed, this statement was the most frequently prioritised facilitating statement within the post-it note exercise in this research. There is also a need to promote initiatives that improve connections and familiarity between the often separated communities of researchers, policy-makers and implementers in order to bridge the gaps in the research-to-policy-to- implementation process (Cabinet Office 1999; Pasteur 2001a). Similarly there is a need to promote cross-disciplinary research and policy groups to promote the sharing of cross-disciplinary knowledge and to agree shared priorities and agendas for policy (Bullock et al 2001; Cabinet Office 1999; National Audit Office 2001).

However, this study focused on cross-sector policy and practice at DFID and specifically on cross-sectoral links between reproductive health and women's education. Based on the findings from this research and on the four main conclusions presented above, the following recommendations are made.

- There is a need for further research to assess the impact, the benefits and the disadvantages of cross-sector policy and practice. Research is needed to assess

impacts on people's lives and also to assess impacts in terms of policy coherence, synergy and other currently perceived benefits.

- Clear definitions and operational guidance for cross-sector policy and practice are needed.
- Common to other policy initiatives, organisations calling for cross-sector policy and practice need strong institutional and senior management support for this policy agenda. Communication of this support throughout the organisation is crucial to ensure policy implementation.
- Identified facilitating factors and catalysts for cross-sector policy and practice need to be maximised and strategies are needed to overcome barriers to cross-sectoral approaches. In addition to the need to promote implementation as part of the policy process identified above, other key lessons include the need to encourage joint budgeting and allocate sufficient time for cross-sectoral processes. Greater commitment to gender, non-sectoral interpretation of SL approaches and the MDG targets, and linking together the HIV and SRH agendas could all potentially support cross-sector policy and practice.
- Policymakers need to gain greater understanding and pay more consideration to the complexities of the policy implementation context if implementation is to be successful. This includes the specific need for DFID staff to improve their understanding of different country organisational cultures (such as the Nepali organisational management culture outlined in this research) and contexts within which they are attempting to work in partnership. On this basis, the widespread use of expatriate consultants may also need to be questioned.
- There is a need for strategies to tackle territoriality between all the sectors, but with a particular focus on the health sector. Sectors need to become more familiar with each other through secondments, shared goal setting and clarification of

expectations. There is also a need to emphasise commonalities, build mutual trust and emphasise reciprocity between sectors and disciplines.

- Utilising cross-sectoral budget systems and pooling resources provides a cross-sectoral system that can contribute to breaking down some of the sectoral and territorial barriers to collaborative working.
- In order to reduce the research-to-policy gap, policymakers need to increase their knowledge of specialist research within their own disciplinary and sectoral areas, but they also need to familiarise themselves with the research, language and outlook of other sectors in order to gain the greatest possible awareness of the research evidence on which policy should be based.
- The strong mutually reinforcing relationship between health and education (Caldwell 1986; Ghai 2000; Mehrotra 1997a-b; Taylor et al 1997) needs greater priority in order to maximise synergies that lead to beneficial health, education, social and economic development gains.
- A twin-track approach to aid disbursement is needed that acknowledges both central-government support and project-based development approaches have benefits and disadvantages. Not only is this likely to result in sustained service delivery in poor policy environments but the continuing support for both approaches would enable projects to share cross-sectoral lessons with other projects and also with policy-levels.
- The cross-sector continuum model offers one possible framework useful for staff development or facilitating collaborative working by raising awareness of the many possible levels of connectivity. The continuum illustrates levels of cross-sectoral engagement that can be tailored to suit particular work needs. The model is useful for endorsing the need for middle ground between sectoral and cross-sectoral approaches but also has utility for finding the middle ground between

products and processes, political bureaucracy and development, qualitative and quantitative or other polarised dualities.

- The continuum model and the other diagramming methods utilised during data collection, are valuable tools that could be used throughout different stages of cross-sectoral collaboration for increasing awareness and understanding between sectors, for negotiating roles, responsibilities, expectations and possibly even for cross-sectoral conflict resolution (see Appendix B).

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Appendix A: Millennium Development Goals

The Millennium Development Goals (UNDP 2000)	
GOAL	TARGET
1. Eradicate extreme poverty and hunger	<p>1. Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day.</p> <p>2. Halve between 1990 and 2015, the proportion of people who suffer from hunger.</p>
2. Achieve universal primary education	<p>3. Ensure that by 2015 children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.</p>
3. Promote gender equality and empower women	<p>4. Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015.</p>
4. Reduce child mortality	<p>5. Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.</p>
5. Improve maternal health	<p>6. Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio.</p>
6. Combat HIV/AIDS, malaria and other diseases	<p>7. Have halted by 2015, and begun to reverse, the spread of HIV/AIDS.</p> <p>8. Have halted by 2015, and begun to reverse, the incidence of malaria and other major diseases.</p>
7. Ensure environmental sustainability	<p>9. Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources.</p> <p>10. Halve, by 2015, the proportion of people without sustainable access to safe drinking water.</p> <p>11. By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers.</p>
8. Develop a Global Partnership for Development	<p>12. Develop further and open, rule-based, predictable non-discriminatory trading and financial system. Includes a commitment to good governance, development and poverty reduction – both nationally and internationally.</p> <p>13. Address the special needs of the least developed countries. Includes: tariff and quote free access for LDC exports; enhanced programme of debt relief for HIPC and cancellation of debt; and more generous ODA³³ for countries committed to poverty reduction.</p> <p>14. Address the special needs of landlocked countries and small island developing states.</p> <p>15. Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term.</p>

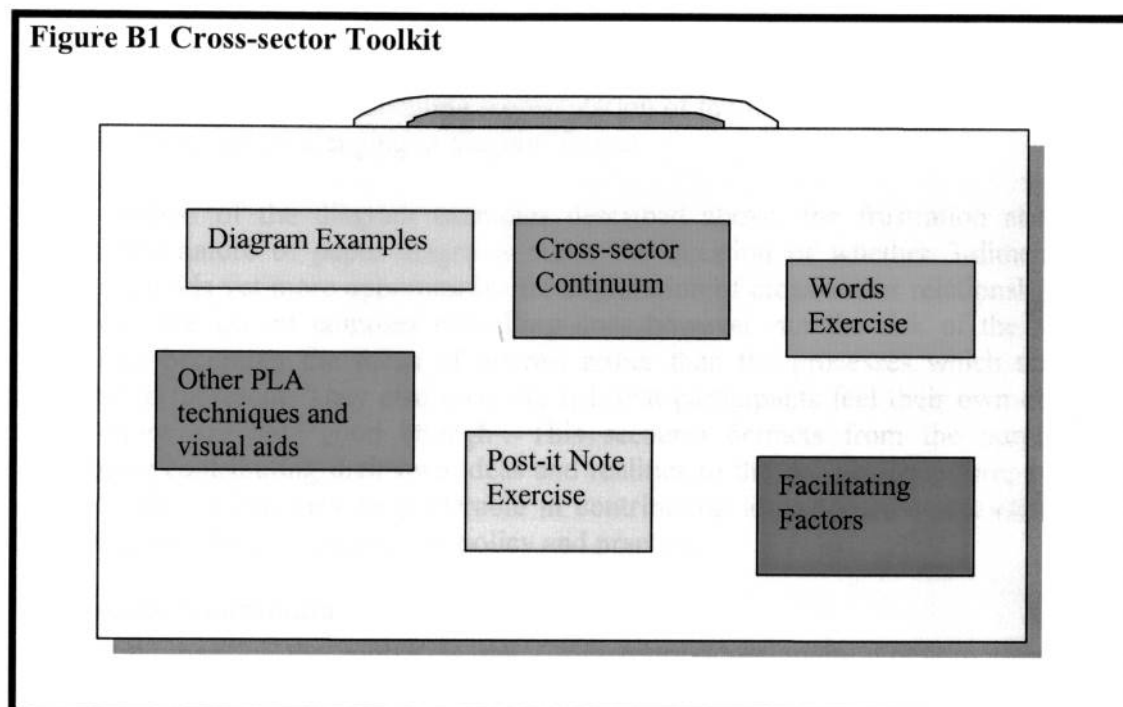
³³ Overseas development assistance, rather than DFID's predecessor the UK Government Overseas Development Administration

Appendix B: A Proposed Cross-Sector Toolkit

The Cross-sector Toolkit

This research used several participatory methods to collect research data. These included a post-it note exercise identifying facilitators and barriers of cross-sector policy and practice, a visual diagramming exercise accompanied by verbal narrative exploring examples of cross-sectoral approaches, and a word exercise examining the policy environment at DFID. In addition, a Cross-sectoral Continuum Model, other participatory learning and action (PLA) techniques and visual aids, and facilitators of cross-sectoral approaches identified by respondents were added to comprise a proposed Cross-sector Toolkit presented in Figure B1.

Figure B1 Cross-sector Toolkit



These elements have all been included in a Toolkit, as they provide valuable opportunities for facilitating discussion, learning, action and even resolving conflict in cross-sector policy and practice. Each of the elements are outlined below

Diagram Examples

Participatory Learning Appraisal (PLA) is a useful technique for investigating relationships and processes that is more usually used at community and village level. However, these techniques also have potential to be valuable for policy-level work (Mavalankar et al 1996). There are many recognised PLA methods, but the attraction of the diagramming method was that it did not prompt respondents to represent their own

ideas about cross-sectoral processes in any pre-defined way. This led to some extremely diverse representations of the same process being produced by different respondents consistent with a social constructionist epistemology outlined in Chapter Two.

This diagramming method could be useful to stimulate discussion of different sectors' views and experience of a particular piece of cross-sectoral work. Similarly, a new plan for cross-sectoral policy or practice could begin with a group creating some diagrams to represent sectoral positions in relation to a particular planned task. This might enable misunderstandings to be aired and therefore be minimised, and could facilitate negotiation of roles, resources, time and other key issues for cross-sectoral working.

One respondent noted frustration at drawing lines or circles around things and the realisation that this action immediately boxes things with the lines creating boundaries. Another respondent described his frustration at not being able to encapsulate his three-dimensional ideas on two-dimensional paper. Many respondents did, however, find diagrams a useful way of supplementing their descriptions of processes and relationships. Nevertheless, enabling representation of the fluidity and dynamic nature of processes remained challenging in diagram format.

In the context of the diagram examples described above, the frustration at the 2-dimensional nature of paper diagrams raises the question of whether 3-dimensional modelling holds yet more opportunities for exploration of cross-sector relationships and processes. The use of complex modelling does however run the risk of the models themselves becoming the focus of interest rather than the processes which they are supposed to represent. They also raise the risk that participants feel their own diagram contributions are not 'good enough'. This scenario detracts from the purpose of participants contributing their own ideas and realities to the debate. Therefore, even an untidy model or list, may be preferable in contributing ideas to cross-sectoral debate from those involved in cross-sector policy and practice.

Cross-sector Continuum

The second part of the toolkit is the Cross-sector Continuum model presented in Chapters Three and Six, which outlines the concept of different levels of engagement in cross-sector policy and practice. This challenges the idea of a dichotomy between sectoral and cross-sectoral approaches. The continuum concept encourages actors to identify an appropriate level of cross-sectorality for specific areas of work and it is worth reiterating the point made in Chapter Three, that the aim is not to reach the 'top' of the continuum necessarily, but to adopt levels of engagement appropriate for specific cross-sectoral collaboration. The Cross-sector Continuum could be used to clarify expectations about the levels of cross-sectoral engagement between sectors involved in a specific initiative.

Words Exercise

Table 6.1 presented words that respondents used to describe the DFID policy environment. These words were de-contextualised, yet, they still contributed to an overall impression of DFID's internal policy culture and environment alongside other findings and comments from respondents.

Similar word exercises could be used with sectors that are working together, to gain a 'picture' of how different actors and sectors view progress, levels of engagement or the direction of cross-sectoral work. Word exercises may be particularly appealing to individuals who find narrative and the nuance of language powerful methods of expressing and communicating their opinions. The toolkit is strengthened by having different tools that appeal to people's different learning needs and preferences. Adaptations of the word exercise form the third item within the cross-sectoral 'toolkit'

Other PLA Techniques and Visual Aids

The three 'tools' presented above have been utilised within this research, and are included in the toolkit due to their potential for wider application. There are many other participatory techniques such as forcefield analyses, Venn diagrams, pie charts and flow diagrams (Feuerstein 1986; Rifkin & Pridmore 2001), that produce visual outcomes well suited to discussion, learning and planning for cross-sectoral approaches. Participatory Learning Appraisal includes the word learning as an acknowledgement that these techniques can facilitate reflection and learning through the process of participating. Indeed, several respondents reported learning from the research process for this study. Diagrams within available literature from many disciplinary backgrounds also offer useful starting points for discussion. For example, Lake's integrated curriculum diagrams presented in Chapter Three are valuable conceptual models that relate to cross-sectorality and aid understanding. DFID's 'Triangle of Skills' and 'Pillars and cross-cutters' models have also stimulated useful debate on cross-sectoral approaches.

Participatory methods include an emphasis on the transformatory potential of the processes of participation in themselves (Cornwall 1998). Key to any potential for empowerment is the manner and attitude with which the facilitator approaches and uses the methods. Certainly, the transformative potential does not guarantee transformative outcomes (Guijt & Shah 1998).

'Post-it Note' Exercise and Facilitating Factors

Another part of the Toolkit is the 'post-it note' exercise outlined in Chapter Two, that identified barriers and facilitators to cross-sector policy and practice. This exercise could be adapted to identify specific facilitators and barriers within a particular cross-sector scenario. The Toolkit would, therefore, contain the list of facilitators identified in this research, but also the post-it note exercise in order to identify facilitators for the particular context in which the toolkit is being used.

Further Development of the Research Methods

This proposed Toolkit is an attempt to bring together some potentially useful resources for increasing discussion around cross-sector policy and practice. It must be stressed that these tools have not been formally applied together as a Toolkit, nor have they been used in a group setting. Time limitations and the development of some of these ideas through reflection during the later stages of the research process did not allow for further testing of these resources. For example, it would have been interesting to return to interviewees with the Cross-sector Continuum model and ask them to place their own statements and relationships on the continuum. Similarly, it would have been interesting to return with the different diagrams representing the same processes and discuss these within a focus group of all those involved in the work. However, these diagrams were produced within the anonymity of a one-to-one interview, and to return to focus groups with these diagrams, this would need to be negotiated with the original respondents. On several occasions, respondents were concerned they would be identifiable as the diagram's artist. On the other hand, if diagrams were produced within a group setting, appropriate ground rules could be negotiated at the outset.

Some of these methods have the potential to be further developed for joint monitoring and evaluation, and for cross-sector impact reporting. This Toolkit aims to contribute to narrowing the gap between the rhetoric and reality of cross-sector policy and practice through greater concentration on cross-sector processes and through raising awareness of the different possible levels of cross-sectoral engagement.

Most importantly, there is space in the Toolkit for more tools.

Appendix C: Document Analysis Framework

DOCUMENT TITLE:
1) CROSS-SECTOR POLICY AND PRACTICE MENTIONED?
2) OTHER COLLABORATIVE TERMS USED IN DOCUMENT?
3) CROSS-SECTOR POLICY OR OTHER COLLABORATIVE TERMS DEFINED?
4) CROSS-SECTOR AIMS EXPLICIT?
5) CROSS-SECTOR FACILITATORS
6) CROSS-SECTOR BARRIERS

7) REFERENCE TO CROSS-SECTOR POLICY / REP HEALTH AND WOMEN'S ED
8) CROSS-SECTOR STRATEGY?
9) CROSS-SECTOR EXAMPLES?
10) ACTORS
11) CONTEXT
12) PROCESS
13) BACKGROUND INFORMATION
14) ANY OTHER COMMENTS

Appendix D: Semi-Structured Interview Schedule

- ☐ Set the scene: the area of my study and what the study hopes to achieve
- ☐ Information sheet and consent form

.....

- 1) How would you define cross-sector policy and practice?
- 2) What do you think are the aims of cross-sector policy and practice?
- 3) Are these aims clearly defined and supported by DFID / Options / British Council / World Education Nepal / Government of Nepal / NSMP / DHSP / CLPN? (Ask each person about DFID and their own employer if different)

POST-IT NOTE EXERCISE (Questions 4 and 5):

- 4) Here are some examples that have been documented of factors that facilitate or impede cross-sector working:
 - a) Do you agree with them? (remove post-its of those don't agree)
 - b) Would you like to add any? (have blank post-its)
 - c) Which are the two most important for each side of the table? (add asterisks)
- 5) a) For the top two facilitative factors – can you describe if these are a reality in your work?
 b) For the top two impeding factors – are these a reality in your work and can you suggest any solutions to overcoming these barriers?
- 6) To what extent does cross-sector policy and practice occur between women's education and reproductive health (at DFID)?
- 7) What do you understand to be the potential advantages of cross-sector policy and practice between women's education & reproductive health? ...potential disadvantages?
- 8) Think of an example of cross-sector working (an experience of good practice or something to learn lessons from). Can you draw a diagram to represent the relationships involved in this work? Can you describe the relationships involved?
- 9) Is there a cross-sector strategy at DFID?
- 10) Do indicators exist at DFID for measuring cross-sector work as 'effective'?
- 11) How does policy develop throughout DFID?
- 12) What five words would you use to describe the environment in which policy is made at DFID?

Appendix E: Themes, Sub-Themes and Categories

1. Emerging Themes

What is cross-sector policy and practice?

Is cross-sector policy and practice beneficial?

Policy/Practice Debate

Cross-sector documents

Post-it notes – facilitators and barriers

Broader development issues

Positive or negative experiences of cross-sector policy and practice

Diagrams

Reproductive Health and Women's Education

Project to Policy level differences and communication

DFID as an organisation - barriers

Negative views of DFID

Gender and cross-sector working

Process

Actors

Context

Content

2. Sub-themes

1. Cross-sector definitions and concepts including barriers and facilitators
2. Appropriateness of cross-sector working
3. Impact of cross-sector policy and work
4. Diagrams
5. Reproductive health and women's education
6. Nepal
7. DFID
8. Theoretical frameworks

3. Categories Coding Tree

1. Cross-sector definitions and concepts

- 1.1 Definitions
 - 1.1.1 Vertical links
 - 1.1.2 Horizontal links
 - 1.1.3 Policy process links
 - 1.1.4 Levels of work/policy
 - 1.1.4.1 Macro
 - 1.1.4.2 Meso
 - 1.1.4.3 Micro
 - 1.1.5 Interviewee definitions
- 1.2 Language and words
 - 1.2.1 Alternatives to cross-sector
 - 1.2.2 Problems with term cross-sector
 - 1.2.3 Other
- 1.3 Aims
- 1.4 Documentation and recording
- 1.5 Facilitators
 - 1.5.1 Lessons learnt
 - 1.5.2 Implementation considered part of policy process
 - 1.5.3 Strategy for cross-sector exists
 - 1.5.4 Joint working arrangements
 - 1.5.5 Cross-sector aims explicit
 - 1.5.6 Other
- 1.6 Barriers
 - 1.6.1 Staff lack training
 - 1.6.2 Individuals not rewarded
 - 1.6.3 Delivery systems not cross-sectoral
 - 1.6.4 Budgets sectoral
 - 1.6.5 Time constraints
 - 1.6.6 Difficult / excuse factor
 - 1.6.7 Others

2. Cross-sector working appropriateness

- 2.1 Not appropriate
- 2.2 Further ahead / more appropriate
- 2.3 SWApS
- 2.4 PRSPs and general budgetary support
- 2.5 Levels
 - 2.5.1 Macro
 - 2.5.2 Meso
 - 2.5.3 Micro
- 2.6 Difficult in one sector

3. The Impact of cross-sector policy and working

- 3.1 Successful experiences
 - 3.1.1 People's belief in success without examples
 - 3.1.2 Macro
 - 3.1.3 Meso
 - 3.1.4 Micro
- 3.2 Unsuccessful experiences
 - 3.2.1 Unsuccessful because not cross-sectoral

- 3.2.2 Macro
 - 3.2.3 Meso
 - 3.2.4 Micro
 - 3.3 Middle ground
 - 3.4 Learning process in cross-sector working
- 4. Diagrammatic Representations**
 - 4.1 Diagram types
 - 4.2 Diagram benefits
 - 4.3 Diagram restrictions
 - 4.4 Diagram examples
- 5. Rep Health & Women's Ed experience and other cross-sector examples**
 - 5.1 Rep health and women's ed links
 - 5.1.1 The big link
 - 5.1.2 Health
 - 5.1.2.1 Rep health
 - 5.1.3 Education
 - 5.1.3.1 Women's education
 - 5.1.4 Health and Education link
 - 5.2 Other examples linked to Rep health or women's ed
 - 5.3 Other cross-sector examples
 - 5.4 Knowledge of rep health and women's ed research
- 6. Specific country-based experience**
 - 6.1 Nepal background and development
 - 6.1.1 Development community and HMGN
 - 6.1.2 Conflict
 - 6.1.3 Governance
 - 6.1.4 Gender
 - 6.1.5 Livelihoods
 - 6.1.6 Education
 - 6.1.7 Health
 - 6.1.8 Religion
 - 6.1.9 Fatalism, culture and process
 - 6.1.10 Rupandehi
 - 6.1.11 Other Nepali districts
 - 6.1.12 Forestry
 - 6.2 Other country based examples
- 7. DFID Experiences and examples**
 - 7.1 DFID London
 - 7.2 DFID Nepal
 - 7.3 DFID Projects in Nepal
 - 7.3.1 CLPN
 - 7.3.2 DHSP
 - 7.3.3 NSMP
 - 7.3.4 Other
 - 7.4 Corporate DFID & policy environment
 - 7.5 DFID other country
- 8. Macro level and theoretical frameworks**
 - 8.1 Walt & Gilson
 - 8.1.1 Process

- 8.1.2 Actors
- 8.1.3 Context
- 8.1.4 Content
- 8.2 Livelihoods
- 8.3 Gender
- 8.4 History of Development

4. Sub-themes

Cross-sector and /or sectoral communications

Means or ends – is cross-sector focused on an aim or subject?

Processes or outcomes

Continuum model

Implementation problem

Individuals crucial to cross-sector outcome

Cross-sector catalysts - gender, sustainable livelihoods, conflict? etc

Rationale differences in hierarchy

Does cross-sector policy make a difference to people?

Cross-sector easier where organisation focuses on one group of people

Sectoral working hard enough

More cross-sector at project level – evidence and examples from all levels of hierarchy

SWAPs not cross-sectoral

Government policy vs project level and scaling up emphasis

DFID Structure and communications – top down

Impact of contractual systems

Gender poorly engaged in

Development bureaucracy removed from people – DFID roles

DFID policy environment competitive (and other key words)

DFID outcome focused

DFID Nepal links to Nepal organisations problematic – fatalism & development, management styles – blame culture, implementation problems

What is successful development to DFID?

DFID cross-sector documents not well known and calls not matched by practice.

Territorial behaviour

Research Evidence – policy gap

Rights vs means to ends in reproductive health

Poor knowledge of cross-sector documents and reproductive health /women's education research

Is reproductive health and women's education a good example for looking at cross-sector policy and practice?

Research more well known to those in health

Barriers – time constraints, budgets

Research process as learning process

Reports of reflective practice among staff

PLA utility

Toolkit development?

5. Themes / Main Findings

1. There are greater levels of engagement in cross-sector policy and practice at project-level than elsewhere in the DFID hierarchy
2. There is a gap between DFID's rhetoric and operationalisation of cross-sector policy due to:
 - the competitive policy environment at DFID, which is not consistently supportive of cross-sector policy and practice;
 - the disjuncture between the organisational cultures and understandings of DFID Nepal and Nepali organisations;
 - DFID's predominant focus on outcomes over processes;
 - the disjuncture between DFID's bureaucratic political role and its development organisation role;
 - poor communication of cross-sector policy messages between the different levels of the DFID hierarchy;
 - DFID's prioritisation of central government-level support, where greater cross-sectoral engagement was found at project-level and where SWApS were thought by many to be incompatible with cross-sectoral approaches;
 - strong territoriality and disciplinarity between the sectors at DFID particularly in relation to budgets.
3. There is a gap between the reproductive health and women's education research and DFID policy due to:
 - poor knowledge of the research and the complexity of research findings;
 - the disjuncture between interpretations of the reproductive health and women's education research findings and current rights-based approaches;
 - territoriality and disciplinarity particularly within the health sector;
 - a failure to maximise some potential catalysts and advocates for cross-sector policy and practice including HIV, gender and SL approaches.

In addition to these findings

2 other conclusions:

- a) There is a little evidence for the benefits of cross-sectoral approaches
- b) The absence of cross-sector definitions, operational guidance and implementation suggests the need for more emphasis on cross-sectoral processes.

Appendix F: Respondents' Workplace

= DFID London staff

Š = DFID East Kilbride staff

= DFID Nepal staff Kathmandu

š = DFID-funded Project staff (Staff at DFID-funded projects in Nepal)

= External Development Consultant in the UK or Nepal (including contracted managers)

ŦN = Nepali Government staff

Ł = DFID partner organisation in the UK

= DFID partner organisation in Nepal

D = Academic staff

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Appendix G: Vienna Conference Paper

Cross-sector Policy and Practice at the Department for International Development (DFID) in the UK and Nepal³⁴

Catherine Bovill

Abstract

Within international development, global agreement around the goals of poverty elimination and the Millennium Development Goals (MDGs) has led to renewed emphasis on 'joined-up working', partnership, and cross-sectoral approaches. This emphasis has been motivated by concerns to ensure coherent policy and practice between the plurality of actors in an increasingly complex global arena. The realisation that previous sectoral approaches to development have often failed to impact beneficially on poor people, has added to the calls for more cross-sectoral approaches that better reflect poor people's cross-sectoral lives.

This paper is based on research into cross-sector policy and practice at the UK Government Department for International Development (DFID), in the UK and Nepal. Definitions and concepts of cross-sector policy and practice are explored including a 'cross-sector continuum' model representing different levels of collaboration. Visual diagramming and other participatory methods were utilised as techniques for exploring and representing cross-sectoral processes and relationships.

DFID have made some significant structural changes and have engaged in discussion to improve cross-sectorality. There are examples of varying levels of cross-sectoral engagement throughout the organisation, but these were strongest at country and project levels. Gender, sustainable livelihoods and HIV, along with individuals that have a particular commitment to collaborative approaches, can act as catalysts for institutional change in cross-sector policy and practice. Other factors that facilitate cross-sectoral approaches were also identified. However, the research found that collaborative rhetoric within DFID documentation is not matched by the same level of commitment to operationalising cross-sectoral approaches. DFID face some major barriers to adopting cross-sectoral approaches including: a disjuncture between its role as a government bureaucracy and its role as a development organisation; a primary focus on product rather than processes; and the current pursuit of central level and sectoral approaches thought by some to be incompatible with cross-sectorality. The challenge is exacerbated by 'disciplinarity' and 'territoriality' within DFID, particularly involving the health sector.

Although this study focused on DFID, the findings and some of the participatory methods used in this research offer lessons about cross-sectoral and broader collaborative working to a much wider audience.

1. Calls for Collaboration

There is currently consensus among international development organisations to focus on the elimination of extreme poverty. To this end, these organisations are collaborating to achieve the Millennium Development Goals (MDGs), a series of concrete, measurable targets agreed by world leaders at the UN Millennium Summit in September 2000 (UNDP 2003). The MDGs highlight the interdependent nature of development issues contributing to the elimination of global poverty. Indeed, achieving or failing to achieve one goal is likely to impact on progress towards other goals (Abu-Ghaida & Klasen 2004; Delamonica et al 2004; Fustukian et al 2003; UNDP 2003). The cross-sectoral nature of the poverty elimination target and the MDGs requires a coherent approach across all the sectors and advocates traditionally sectoral development organisations and government ministries adopt more cross-sectoral approaches (DFID 2003a; Fustukian & McDonald 2003; OECD 2003; Upadhyaya et al 2002).

³⁴ This paper is based on PhD research funded by Queen Margaret University College, Edinburgh, and was presented at the 2nd Global Conference on Interculturalism in Vienna 2-4 December 2004.

Many recent documents emphasise broad development collaboration, including calls for policy coherence, joined-up working, partnership and cross-sectoral approaches (Bullock et al 2001; Cabinet Office 2000; 1999; Carney 1998; Carney et al 1999; DFID 2004a; 2000; 1997; Forster & Stokke 1999a; Mkandawire 2001; Moser 1993; OECD 2001a; 2001b). Calls for collaboration are frequently motivated by concerns to ensure consistent and effective policy and practice within and between the plurality of actors in an increasingly complex international development arena (Forster & Stokke 1999b). This is reflected in recent changes within international aid relationships emphasising partnership with recipient governments through initiatives such as Poverty Reduction Strategy Papers (PRSPs) and Sector Wide Approaches (SWAs) rather than previously favoured project-based development models (Hinton & Groves 2004; World Bank 1998).

Influenced by both international and domestic emphasis on collaboration, DFID utilise partnership, integration, joining-up, co-ordination, co-operation and cross-sector terminology within most of their documents. DFID has also made a strong commitment to poverty elimination and the MDGs by integrating these cross-sectoral goals into their own departmental goals (DFID 2002; 2000; 1997).

Cross-sectoral approaches are also advocated within gender discourse and Sustainable Livelihoods (SL) literature. Moser (1993) argues women's multiple roles and needs are not met through sectoral approaches and that "because of the necessity to balance their triple roles, women require integrative strategies which cut across sectoral lines" (Moser 1993:54). While others, including DFID, argue that in order to address the cross-sectoral nature of people's livelihoods, approaches are needed that respond to this cross-sectorality (Carney 1998; Carney et al 1999; DFID 2001). The SL framework emphasises the multiple inter-related impacts of development on the inter-connected nature of people's lives and places people at the centre of development (Ashley & Carney 1999; DFID 2001). Moser, Carney and others, argue that many previous sectoral development approaches have had poor outcomes as a result of their failure to acknowledge the cross-sectoral nature of people's lives (Chambers 1997; Kabeer 1994; Moser 1993; Werner & Sanders 1997).

Despite the recent surge of support for collaborative approaches few documents have defined the collaborative terms used or outlined strategies for operationalising these processes.

2. Defining Cross-sectorality and The Cross-sector Continuum

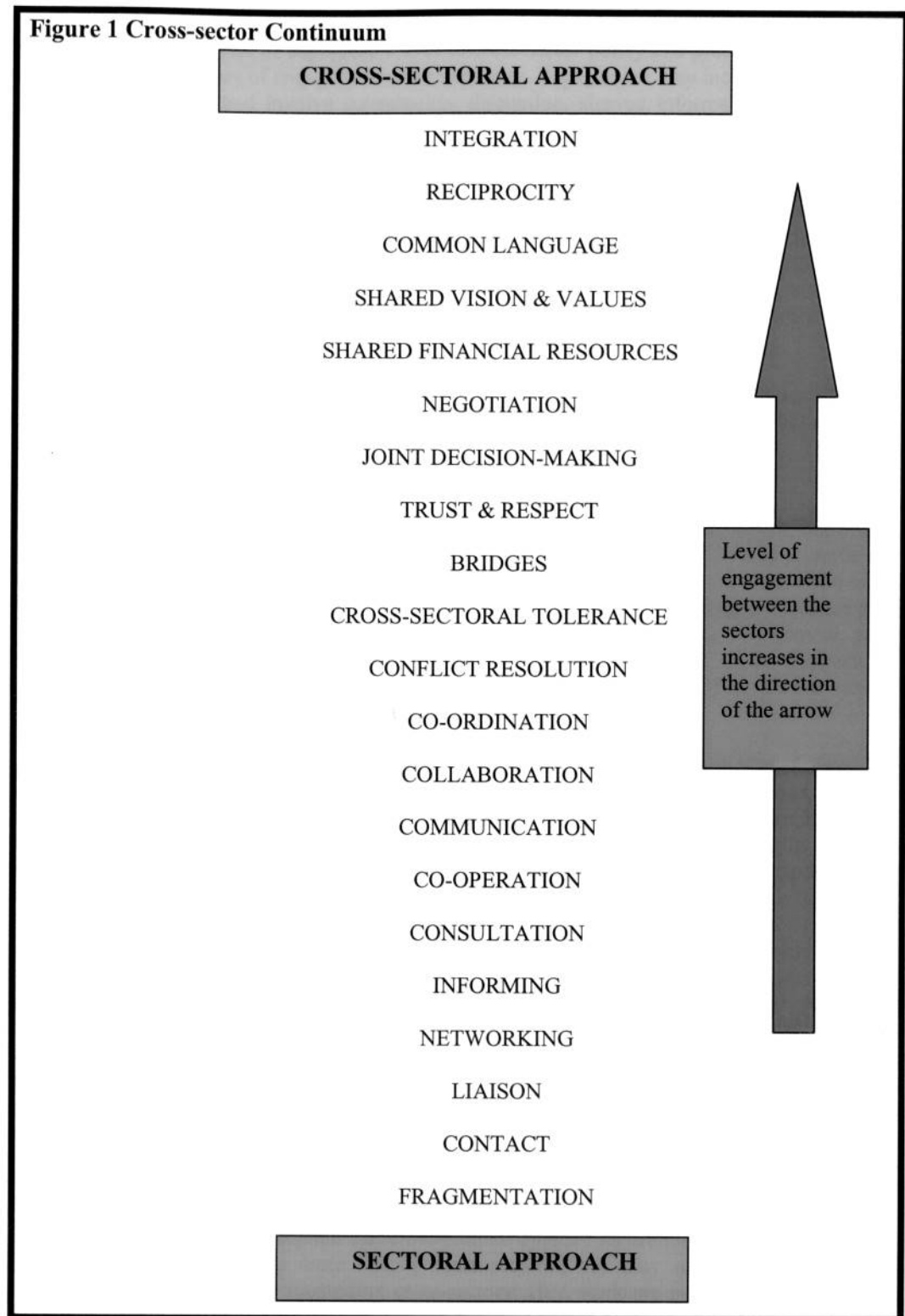
Within research literature there is often confusion over collaborative definitions and terms are frequently interchanged (Dean 2001; Kanbur 2002; King & McGrath 2004; ODI 2001). In the absence of an agreed definition, cross-sector policy and practice is defined variously. In this research dictionary definitions of 'cross' and 'sector' have been utilised to arrive at a working definition of 'cross-sector' as

'a dynamic process, where two or more divisions or groups reciprocally share and exchange ideas and/or actions'.

The term most frequently confused with cross-sector is multi-sector. Multi-sector involves two or more sectors, but is less suggestive than cross-sector of engagement or reciprocity between the sectors. Indeed, the sectors may work separately with no sharing of values, without making connections and with no crossing over. The level of collaboration and understanding between sectors may therefore be limited. Cross-sector differs too from some other commonly confused collaborative terms. Equality of relationships is not implied as it is in partnerships; cross-sector does not suggest the overall oversight of co-ordination, and while it may use a subject area such as HIV as a focus around which cross-sectoral approaches can be enabled, it does not imply the involvement of all sectors as in mainstreaming.

However, the working definition above does not stipulate a particular level of engagement reflecting the view that many different levels of cross-sector engagement are possible, suggestive of a continuum model. Several writers have proposed the concept of a continuum to illustrate different conceptual levels. One of the most famous, the 'ladder of participation' presented by Arnstein in 1969 (Wilcox 1998), comprises a participation continuum illustrating different levels and agencies of power

from a low rung of 'manipulation' to a top-rung of 'citizen control'. Drawing on the work of Arnstein and others, the concept of a cross-sector continuum is presented in Figure 1.



The activity levels are placed in a subjective order from lower levels of engagement at the bottom to higher levels of engagement nearer the top. The arrow represents an increasing level of cross-sectorality. All of the statements could be placed further up or down the continuum, dependent upon particular circumstances. For example, networking may simply involve finding out who is working in

what sector and what they are doing. However, it could become a deeper level of engagement where communication exchange and joint working were involved, or where more comprehensive and in-depth networks were formed.

The different possible levels of engagement lead to cross-sector policy and practice taking numerous forms with varying degrees of engagement and reciprocity. Engagement may include meetings, phone calls and email contact and involve consultation, discussion, sharing information, seeking advice, setting shared goals and pooling budgets. New working groups and teams may be formed with life-spans to suit work requirements.

Continuum models often lead to the expectation of movement towards deeper levels of collaboration. Indeed Arnstein's ladder of participation has been criticised for implying that all participation should move up the ladder towards a 'nirvana' of participation (Guijt & Shah 1998). However, the continuum model does not intend to suggest that the top is somehow 'better' than the bottom, but rather that different initiatives may aim for different levels of cross-sectorality to suit particular work in terms of timescale, number of sectors involved, existing relationships and context.

The continuum challenges the idea that there are only sectoral or cross-sectoral bipolar alternatives. Examples of different levels of engagement in cross-sector policy and practice at DFID are outlined below.

3. Cross-sector Policy and Practice at DFID

General collaboration was frequently reported between sectors at DFID headquarters, but often the examples given were theoretical. DFID offices have made some significant efforts to promote cross-sector policy and practice. First, DFID have engaged in extensive discussion around a 'Triangle of Skills' (Chakrabarti et al 2002; Robinson & Manadhar 2001). This model envisages a balance of skill requirements for DFID teams and departments consisting of: 1) interpersonal, management, process and influencing skills, 2) specific professional expertise, and 3) knowledge of development. This model has been particularly useful for professional development within DFID human resources departments in the UK and Nepal.

Second, DFID Nepal have explored cross-sectoral approaches through the concept of 'Core Team Working'. Core Team Working involves no more than 3 staff in a team at one time, with other expertise brought into the group as and when it is necessary. Within Core Team Working the skills mix of the teams is defined by the particular work remit, but includes a balance of skills drawing on concepts from the 'Triangle of Skills' model (DFID Nepal 2000). This is a positive model of cross-sectoral working, but was only mentioned by one respondent and the example given was theoretical.

The third significant effort by DFID to engage in cross-sectoral approaches at office level has been the recent re-structuring of DFID's Policy Division. Policy Division at DFID London originally comprised individual sectoral departments such as health, education and social development responding to policy demands. In 2003 restructuring was undertaken in response to the needs of the Public Service Agreement (PSA) and to create stronger incentives for cross-disciplinary working (Manning 2002).

Apart from the Policy Division restructuring, more specific, non-theoretical cross-sector examples were more frequently given by respondents in Nepal. Cross-sector activity was reported to be more frequent and at deeper levels of engagement at project and district levels than within DFID offices. Most non-theoretical examples of cross-sector policy and practice presented by respondents focused on HIV. Indeed there was a perception that cross-sectoral approaches are more advanced in this area. Many of these examples were more strictly multi-sectoral, yet they remain informative. Two respondents' diagram examples illustrating cross-sectoral HIV work are presented below. Figure 2 outlines a representation of the cross-sectoral process of producing a National HIV Strategy in Nepal, in which DFID Nepal was a participating partner.

One of the lead individuals was described as dominating proceedings with a personality detrimental to cross-sectoral processes: a view reiterated by other respondents. The group was dominated by the health sector, which led to other individuals, groups and sectors being pushed to the periphery.

Nonetheless, the National HIV Strategy was regarded as a focus for positive cross-sector work. Another interviewee produced an abstract representation of the same Nepal National HIV Strategy process presented in Figure 3 below.

Figure 2 Nepal National HIV Strategy Group

The National HIV Strategy in Nepal involved bringing together the Nepali Government and donors. Initially, some donors and government officials didn't come to meetings, but NGOs, community groups and people with HIV were well represented. The health sector was particularly well represented. The group varied in size between 10 and 50 attendees and there were theme sub-groups on specific issues such as young people and on research. Attendance dropped as time went on, particularly among doctors, although community groups' attendance rose as they gained confidence. There was the will to meet cross-sectorally on lots of different levels and the process of bringing people together and working together was seen as positive.

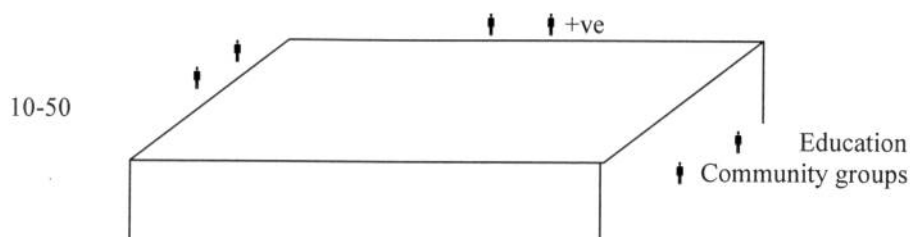
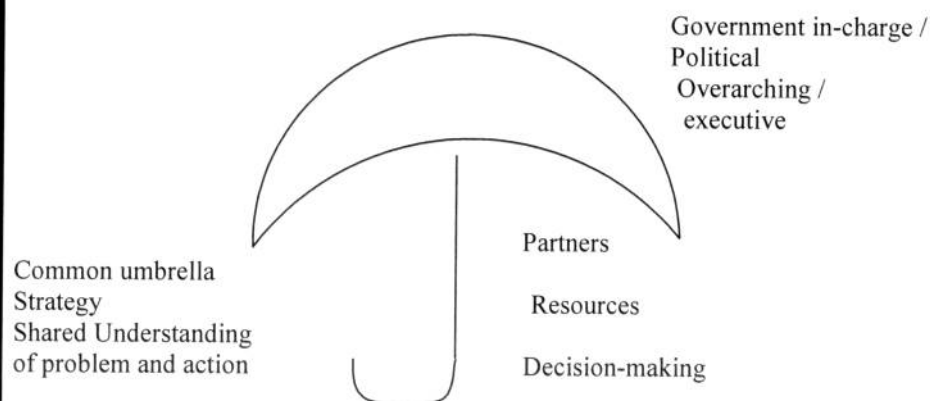


Figure 3 Nepal National HIV Strategy

The Nepal National HIV Strategy was described as helping to bring partners together. Before this, things were piecemeal, but now there is a national group where partners can agree a national framework. This group has managed to create a shared understanding of the problem and an overarching umbrella strategy to go forward and make collective decision-making.



These two diagrams are substantially different representations of the same process. Figure 2 describes the practical meeting arrangements and identifies an individual and a sector as barriers to the cross-sectoral process. Figure 3 describes more of an overview of the process, and the abstract diagram creates a vision of collective decision making about an overarching strategy under which partners come together.

Despite many more examples of different levels of engagement in cross-sector policy and practice at DFID given by respondents, consistently respondents reported that cross-sector practice does not match the levels of collaborative rhetoric.

4. The Gap between Rhetoric and Reality

A gap between DFID's espoused commitment to cross-sector policy and practice and the reality of trying to operationalise these aims was continually reported by respondents. Indeed, implementing cross-sector policy and practice was viewed by many as difficult. DFID documents were silent about defining cross-sector and other collaborative terms and also about the details of practical application and operational strategy: "people talk about cross-sector working but they never go into detail of the whys and wherefores" [INT 11].³⁵ Consequently, staff at all levels reported learning about collaboration through trial and error, or through a process of osmosis: learning from others through observation, listening and attempting to make sense of terms through their everyday usage.

DFID were not thought to be sufficiently committed to cross-sectoral approaches, with one staff member commenting, "...it's on the edge of just becoming lip-service..." [INT 16]. DFID were described as viewing a statement of intent, "...as synonymous with the realisation of that intention" [INT 08] and spending too much time on policy and not enough on implementation and delivering to people.

Bridging the policy formulation-implementation gap is not a unique challenge faced by DFID, and the Nepali Government was reported to have a poor implementation record particularly in relation to their Five Year Plans (DFID Nepal 2003; DFID 2004b; HMGN 2003). Ensuring policy implementation among partners with poor track records of implementation is problematic and operationalising cross-sector policy and practice is only one of many implementation challenges. The lack of prioritisation given to cross-sectoral operationalisation at DFID translates into a lack of time allocated to implementation.

Several DFID office-based staff made clear statements that DFID has no responsibility for policy implementation, raising concerns about DFID's ability to translate policy statements into reality. Whilst DFID utilise many contractual management arrangements and often rely on other partners for policy implementation, the perception by some employees that implementation was not their responsibility contributes to lower likelihood of bridging the policy formulation-implementation gap. Poor connections between policymaking and policy implementation have been linked to poor development outcomes (McGee & Brock 2001; Walt 2000). Indeed, the lack of clear operational strategy within most documents calling for increased collaboration risks 'policy evaporation' rather than implementation (DFID 2003b; Parsons 1999).

DFID face a number of significant barriers to operationalising cross-sector policy and practice outlined in the following section.

5. Explaining the Gap Between the Rhetoric and Reality of Cross-sector Policy and Practice at DFID

The gap between the rhetoric and the reality of cross-sector policy and practice at DFID was attributed to many factors including: a lack of strong messages and support for cross-sectoral implementation from DFID headquarters; a concentration on a product focus over a process focus; a disjuncture between some of DFID's roles, structures and organisational culture; a focus on central-level initiatives over project-based development; the persistence of territoriality between disciplines; and a competitive culture that fails to maximise the use of some potential cross-sectoral catalysts. Each of these challenges is outlined briefly below.

5.1 Communication of Cross-sector Messages

In order for cross-sectoral approaches to be adopted throughout the different levels of DFID, messages outlining this as a policy priority need to be communicated throughout the organisation and supported by senior management. However, DFID were reported to have a strong culture of top-down communication and messages about the importance of cross-sector policy and practice were not being received by contracted management organisations or by DFID funded projects in Nepal. Despite this projects in Nepal were often working cross-sectorally. This was reported to be due to the necessity of working in this way in order to achieve effective development results. Indeed, several respondents

³⁵ [INT X] = Interviewees

reported that cross-sector policy and practice was taking place in spite of DFID rather than because of them.

5.2 A Focus on 'Product' over Processes

DFID were reported to emphasise quantification and end products with less attention often given to processes:

"...it's not a culture where process matters...what's most important is getting money dispersed. And it doesn't matter about the quality of projects because that will be someone else's problem further down the line. What matters is that you've shifted that 20 million dollars...On time. And so you don't want to hear problems, you don't want to think cross-sectorally, you don't want to engage people in the process within the country because those are not functional to get your money spent" [INT 04].

For example, DFID's White Papers (DFID 2000; 1997) make explicit their goal of poverty elimination ends, but they are quiet as to the substantial redistributive processes and means necessary to achieve this goal (White 1998). Strong links between processes and outcomes suggests lack of attention to processes may detract from overall outcomes. The focus on quantification also overlooks the potential for empowerment and synergy within processes and between processes and outcomes (Oakley & Marsden 1990; ODI 2001).

Cross-sectoral processes with disparate and inter-related impacts in many sectors create challenges for monitoring and evaluation. Where there is an emphasis on accountability and quantification, processes may be less attractive as ends in themselves (Marsden et al 1994). There were fears cross-sectoral processes would result in a dilution of sectoral messages, yet these were countered with fears that a quantitative approach misses many of the subtleties of beneficial development.

5.3 Disjuncture between DFID's Roles, Structures and Organisational Culture

The positioning of DFID within the UK Government civil service results in a bureaucratic, hierarchical, sectoral and political structure influenced by neo-liberal ideology. DFID's stated development goals however require pro-poor, participatory, gender-equitable, livelihood-focused, people-centred and cross-sectoral approaches and stress the importance of processes. These two roles create a constant organisational, cultural tension with DFID facing two diverse sets of underpinning epistemology and objectives with the potential to jeopardise internal policy coherence. Within many levels of DFID, and particularly at DFID headquarters, the political bureaucratic role was reported to be prioritised.

The new Policy Division structure at DFID London has created another disjuncture for DFID in the form of a tension between cross-sectoral and sectoral structures. The Policy Division's old sectoral divisions have been removed and replaced with multi-disciplinary, cross-sectoral teams working towards specific goals (DFID 2004a). However the structural changes have only taken place in one division so many underlying bureaucratic structures remain the same. Policy Division remains part of a strongly hierarchical, sectoral government bureaucracy and continues to work with sectoral ministries in recipient governments and with sectoral organisations in the international development community. Internal structural changes that do not match external ways of working may also make partnership working more challenging. Experience from similar organisational restructuring at the World Bank suggests cross-sectoral collaboration may increase, but new teams remain tied to old departmental identities (King & McGrath 2000).

Finally there is also an organisational culture disjuncture between DFID Nepal and their Nepali partners. Patronage systems common throughout Asia have led to desire for improved personal status over and above work effectiveness, with rewards rarely based on performance (Bista 1991; DFID 1998; Dixit 2002; Justice 1989). Patronage, the quest for status and better remuneration possibilities lead to frequent staff transfers (Collins 2001), making policy implementation difficult. Nepali organisational culture is based on 'soft management' systems that are not formally established. Time is interpreted flexibly, rules not clearly defined but left vague and informal connections are often more important (Bista 1991; DFID 1998; Somlai 1993).

On the other hand, Nepali organisations are critical of Western organisations excessive use and high payment of external consultants who are often unfamiliar with the country and unconnected with earlier stages of policy and planning processes (Justice 1989). Staff of Western organisations also face criticism for their relatively opulent lifestyles contributing to income inequalities in the country, and which do not juxtapose well with donor organisational claims to be tackling poverty inequalities (Hancock 1989; Sylvester 2004). Failure to understand these cultural and onotological differences leads many Nepali and Western staff to misunderstand, or face difficulties working in partnership with each other (Bista 1991).

5.4 Central-level Focus

Reports that cross-sectoral activity was more frequent and in-depth at project and district levels raised concerns about DFID and the broader development community predominantly pursuing strategies of 'scaling-up' from small projects to large programmes such as SWApS and PRSPs. PRSPs should encourage a cross-sectoral approach but SWApS have been criticised as sitting uncomfortably with cross-sectoral processes (Akroyd & Duncan 1998; Ashley & Carney 1999; Carney 1998; Engel 2002). Where both PRSPs and SWApS are pursued, SWApS were reported to centralise and nationalise issues and clash with cross-sectoral PRSPs.

Small-scale projects were seen as innovative and creative by project staff and DFID partners who thought central level approaches often had a lack of impact on poor people due to being too distanced from the central level. Conversely, projects were unpopular among DFID office-based staff often due to the perceived lack of impact they have on poor people. One member of project staff claimed that DFID Nepal were finding it difficult to accept that some of their projects were successful, because this was undermining their argument for moving away from project-based development.

DFID faces criticism that these high-level initiatives expose a gap between DFID's rhetoric of working with the most socially excluded and poorest, whilst they are predominantly working with country elites at policy level. Several respondents argued that DFID risks becoming detached from the reality of their beneficiaries and those implementing their policies. Indeed in Nepal, poor delivery of basic services by donors and government, and concentration of activity within central government was thought to be fuelling discontent contributing to the escalating conflict.

5.5 Territoriality Between Disciplines

The different ideologies of different disciplines, were reported to pose a challenge to cross-sectorality. These differences were thought to contribute to territorial behaviour. One respondent stated

"...there are big challenges...in breaking down the empires that already exist and saying well, this is an area we should both work on more than this is an issue we're working on and you can contribute to our work...so cross-sectorality can mean for certain people, simply, we'll have this topic and you can help us with it..." [INT 04].

Some staff described themselves as too busy with their own sectoral work to spend time being distracted by what they perceived to be someone else's area of work. The basis of much of this territorial behaviour was reported to be budgetary. Budgets were thought to be proportionate to power within DFID, and this led to protective behaviour where sectors thought cross-sectoral engagement might affect their budget allocations detrimentally.

Concerns were consistently raised by respondents about domination by the health sector:

"...anything that has more of a health flavour to it...it's normally routinely managed and delivered by health advisors...look around our country programmes, you'll see where we have HIV/AIDS education, I think in almost, in all cases the health advisor leads, even if it's in school...education" [INT 09].

Many examples of cross-sectoral HIV work including the DFID London HIV Task Force meetings were described as being dominated by the health sector. This domination by the health sector may lead to the prioritisation of particular viewpoints and resentment by other sectors at their contributions being overlooked or marginalised in favour of health agendas.

When examining the appropriateness of cross-sectoral approaches, most respondents believed cross-sectoral approaches were appropriate for all development. However, those arguing cross-sectoral approaches were sometimes inappropriate, all came from the health sector. Examples given to justify sectoral approaches to health all referred to the clinical expertise and technical skills of doctors. These views linked to more general widespread concerns that cross-sector policy and practice should not lead to the demise of specialist expertise.

5.6 Failure to Maximise Catalysts of Cross-sectorality

DFID have missed some opportunities to maximise cross-sectoral catalysts. First, despite the abundance of multi-sectoral experiences and some cross-sectoral experiences focusing on HIV, potentially valuable lesson learning was not reportedly being shared with other areas. Second, concerns were raised about a lack of serious strategic commitment at DFID to gender, diluting one of the strong rationales in the literature supporting cross-sectoral approaches. Third, DFID faced criticism for choosing to interpret sustainable livelihoods (SL) as a sector rather than as a cross-sectoral approach to all development. Finally, many individuals were successfully working cross-sectorally, particularly at project level, and yet they lacked institutional support. Indeed there were some reports that DFID actively discouraged cross-sectoral approaches in the face of pressure to achieve sectoral targets.

5.7 DFID's Policy Environment and Organisational Culture

The word most frequently used by respondents to describe the DFID policy environment and organisational culture was 'competitive'. Competition between individuals and sectors is not perhaps the most conducive context in which to promote the sharing and reciprocity of cross-sectoral approaches. DFID were also described by many respondents as arrogant and being too sure of their own knowledge and position with which they want to influence others. DFID's attempts to influence others to adopt their viewpoint was criticised both by some respondents and within development discourse, and was viewed as antithetical to their promotion of partnership working (Maxwell & Riddell 1998).

Despite facing considerable criticism, DFID were praised for their staff capabilities, and willingness to engage in difficult issues. Respondents used words such as 'focused', 'participatory' and 'dynamic' to describe the organisational culture and policy environment, characteristics conducive to good policymaking and implementation including cross-sector policy.

This creates the context in which cross-sector policy and practice is taking place. Respondents identified a number of factors that facilitate cross-sector policy and practice: including; implementation being considered part of the policy process; top level management and political support for cross-sectoral approaches; sharing aims and values; being clear about the added value of cross-sector policy and practice; and having joint budgets. DFID have made improvements in most of these areas at some stage even if not specifically in relation to cross-sector policy and practice but there is room within the organisational context for improvements particularly if DFID are serious about operationalising their calls for cross-sectorality.

6. Conclusion

Previous sections have outlined considerable barriers to implementing cross-sector policy and practice that are faced by DFID. In this context DFID should be commended for its significant attempts to improve cross-sector policy and practice – going as far as making structural changes at DFID London. Indeed some of the barriers to cross-sectoral approaches highlighted in this paper may be difficult for DFID to change, such as their strong political bureaucratic role and position within the UK Government. Nevertheless, in several cases alternatives encompassing more middle ground may be found. For example, there are more alternatives than simply: political bureaucracy or development; sectoral or cross-sectoral structures; Nepali or Western organisational cultures; product or processes;

central-level or project-based development. The continuum model is useful here in highlighting the plurality of options between these bipolar perspectives.

Continua and other participatory diagramming methods utilised in this study are becoming increasingly recognised for their contribution to studying processes (Archer & Whitaker 1994; Boothroyd et al 2004; DFID 1995; Reason 1994). The use of PLA methods was not only an effective method of data collection, but enabled a concurrent exploration of the utility of these methods for increasing awareness and discussion on cross-sector policy and practice. Participation in this research was reported to have been the first opportunity many respondents had to reflect on their cross-sectoral experiences suggesting the need for DFID and other organisations to create space for learning in order to improve the likelihood of operationalising their own calls for collaboration.

Increasing sectoral self-awareness particularly in the health sector may need prioritisation through specific sectoral and cross-sectoral initiatives to contribute to tackling territorial behaviour. More widespread lack of agreement and awareness of cross-sectoral definitions, rationale and strategies for operationalisation suggests the need for cross-sectoral process to be viewed as an end in itself, at least in the short-term. Indeed, McGee & Brock (2001) argue that viewing process as an end in itself implies a focus on implementation and not simply policy formulation.

Other creative ways of making cross-sectoral operationalisation more likely might include increasing cross-sectoral research to underpin cross-sectoral approaches, clearly identifying strategies to overcome some of the barriers (Bullock et al 2001; Cabinet Office 1999), and recognising that the process of creating a cross-sector strategy for operationalisation will in itself provide lesson learning on cross-sectoral working and improve our knowledge of when and whether cross-sector policy and practice are beneficial.

If DFID are committed to implementing cross-sector policy and practice, they need to articulate this message more effectively internally and externally through incentives and support mechanisms within the organisational culture and make greater use of existing catalysts including individuals and their rich cross-sectoral experiences.

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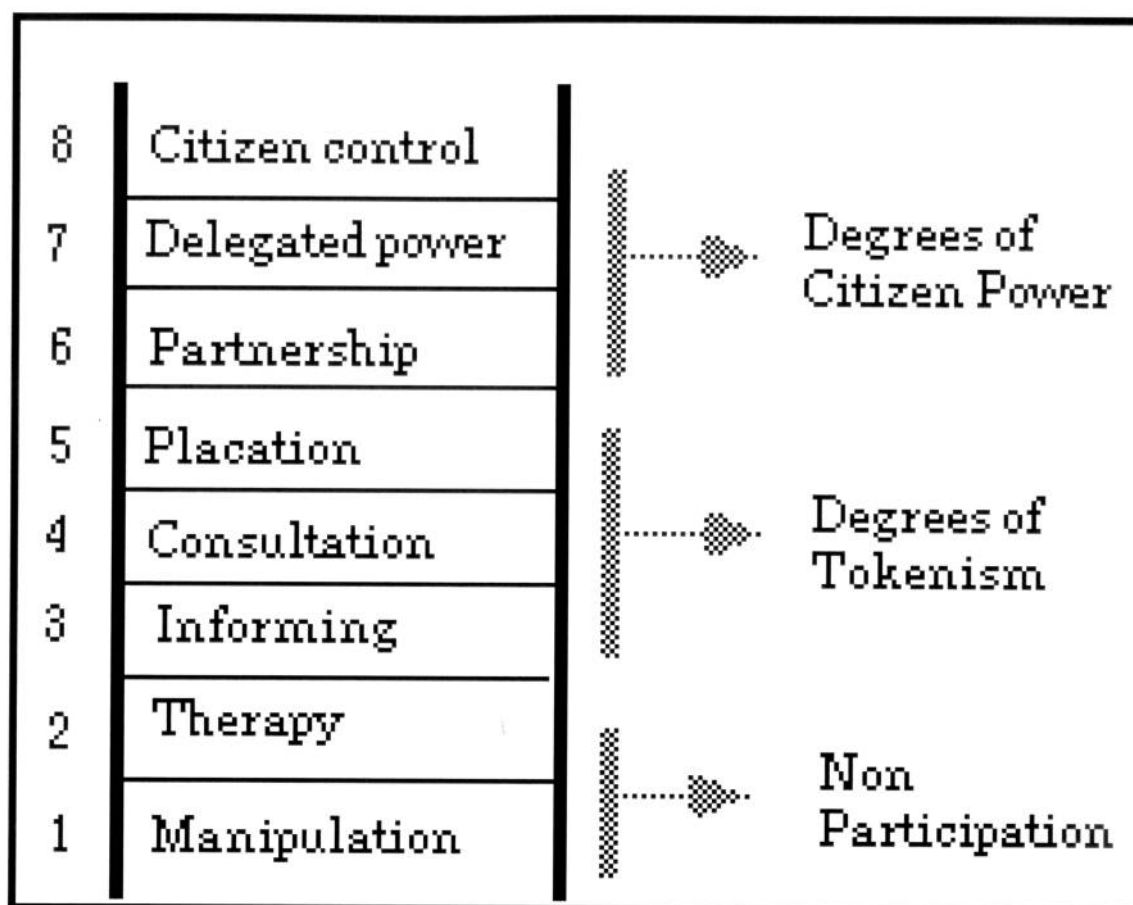
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This paper is available at:
<http://www.inter-disciplinary.net/ci/interculturalism/ic2/bovill%20paper.pdf>

Appendix H: Sherry Arnstein's Ladder of Participation



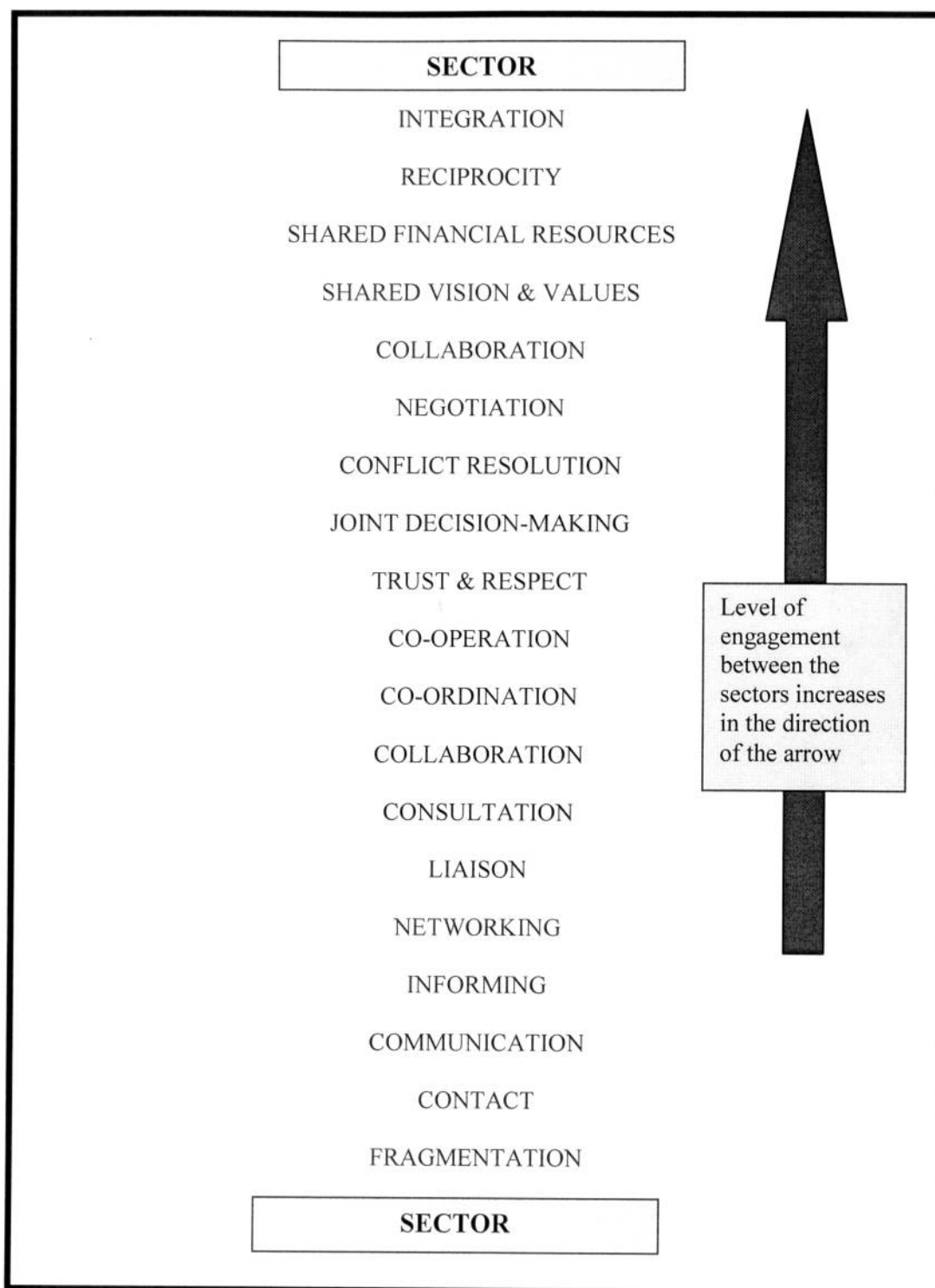
Wilcox (1998)

Appendix I: Scenarios Towards a Sector Wide Approach

Stage of Development	Fragmentation	Communication & Contact	Co-ordination	Co-operation	Collaboration	Integration	Sub-sector wide approach	Sector Wide Approach
Key Features of Stage	unrelated activities	shared information	discrete activities avoiding conflicts	shared activities or facilities	shared planning	discrete single-donor projects cease to exist	pooled inputs to sub-sector	pooled inputs to sector
Govt/Donor Relationship	piece-meal	varied executing agencies			regular govt donor meetings with shared strategy	common executing agencies		
Donor/Donor Relationship	non-existent	irregular one to one meetings	regular multi-donor meetings	regular multi-donor meetings with shared objectives	regular multi-donor meetings with shared strategy	joint monitoring of project progress		
DHSD as an example			Framework for DHSD - Common Steering Committee	National Implementation Guidelines	Common Technical Committees	Single Technical Committee		
Obstacles to progression to next stage			Absence of critical mass on donor side	Absence of 'product champions' on govt side			Separate donor financing cycles	

Thunhurst (2003)

Appendix J: Continuum of Cross-sectorality (2003 Version)



It is interesting to note that in this earlier version of the cross-sector continuum the different levels of cross-sectoral engagement were differently placed than in the final version. As the continuum developed, these levels were moved around in order to more accurately represent the levels of engagement implied by the ways terms were used within the literature and by respondents.

Another key development was that in this earlier version the levels are suspended between two sectors. This seemed unsatisfactory to me for several months as it implied the continuum was only possible between two sectors and the model did not seem 'quite right' in suggesting lower levels of engagement were nearer a particular sector and higher levels near another. This soon changed to better represent the more useful separation between sectoral and cross-sectoral approaches as seen in the final version of the model presented in Chapter Three.

Appendix K: DFID Organograms

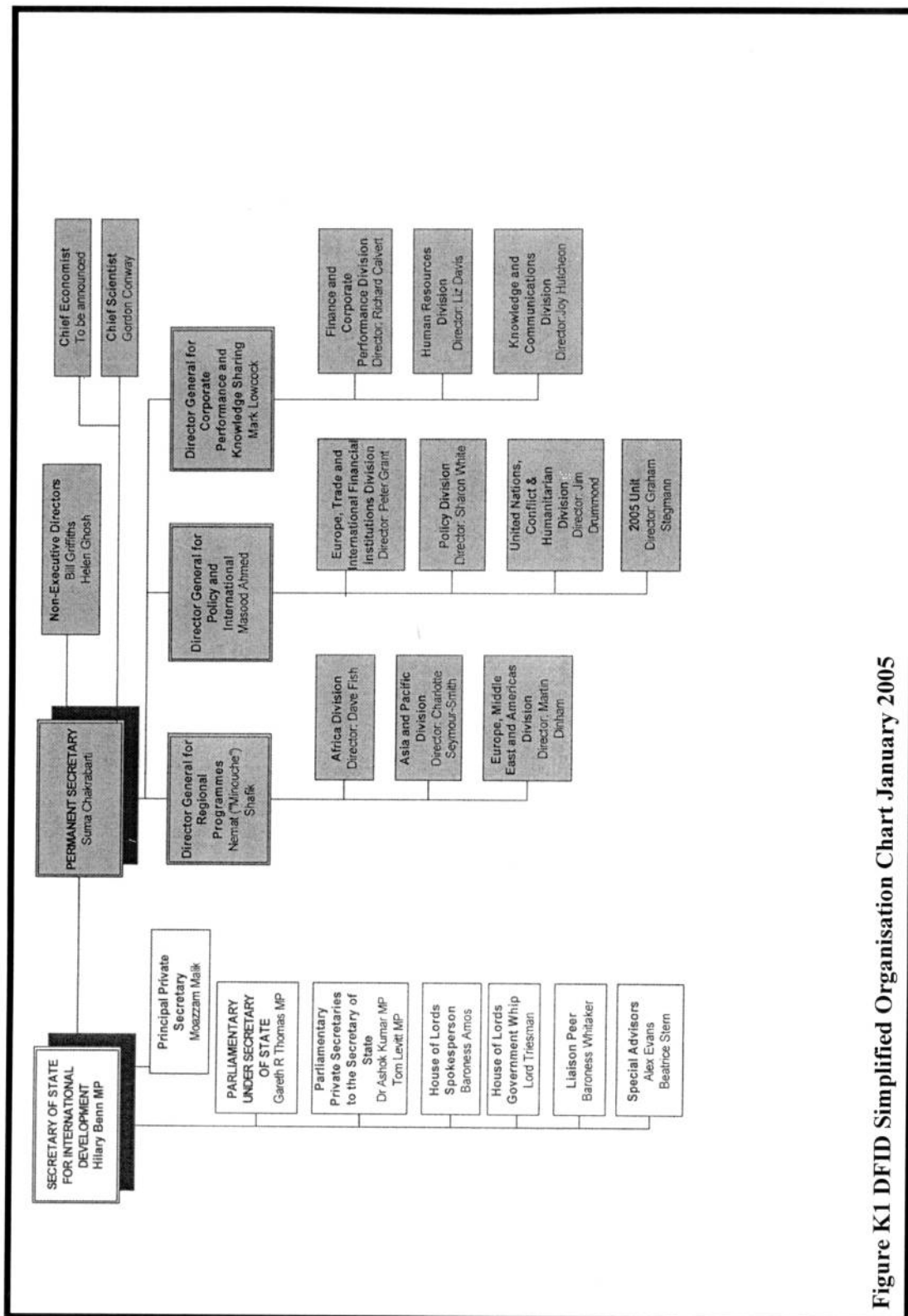


Figure K1 DFID Simplified Organisation Chart January 2005

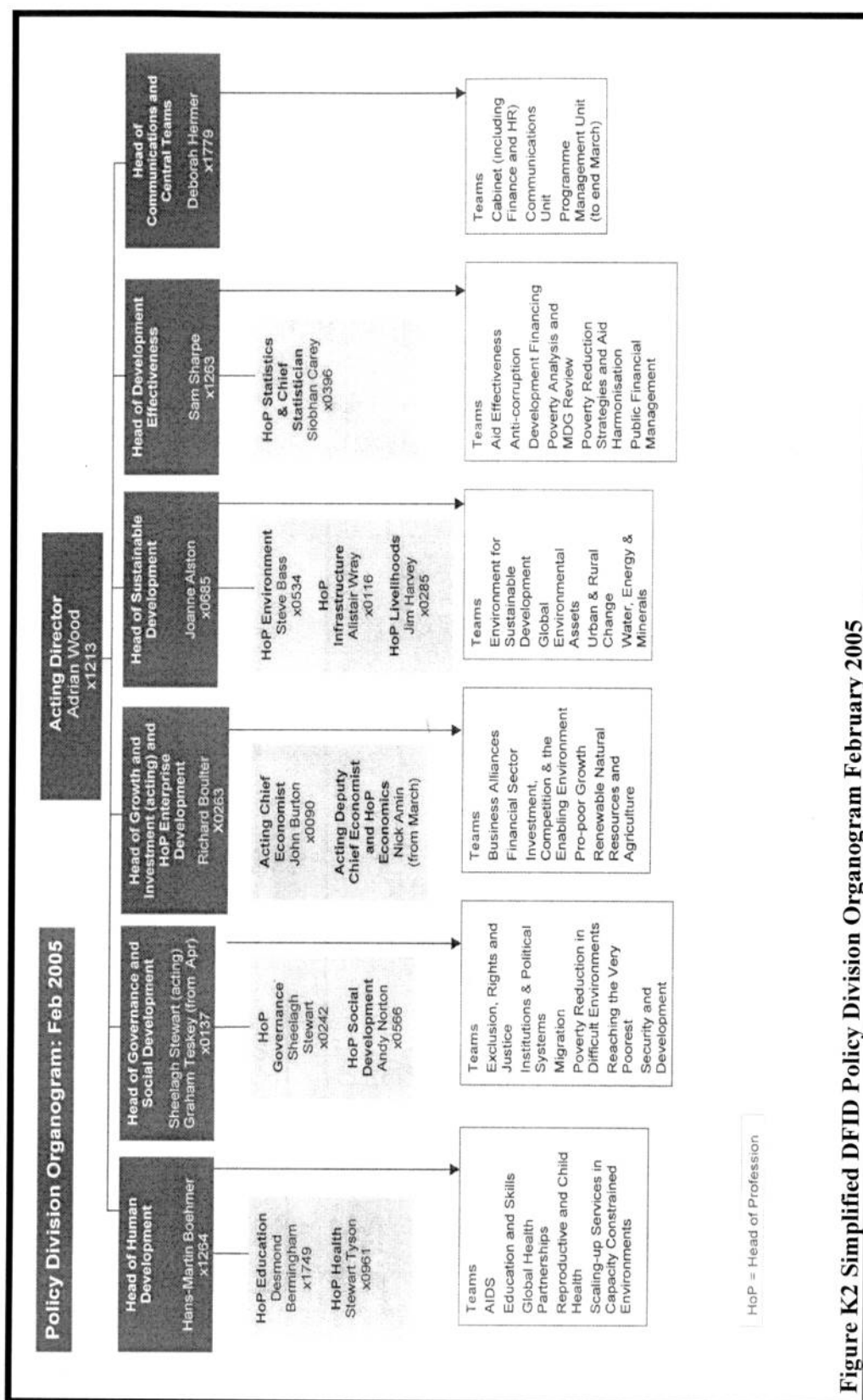


Figure K2 Simplified DFID Policy Division Organogram February 2005

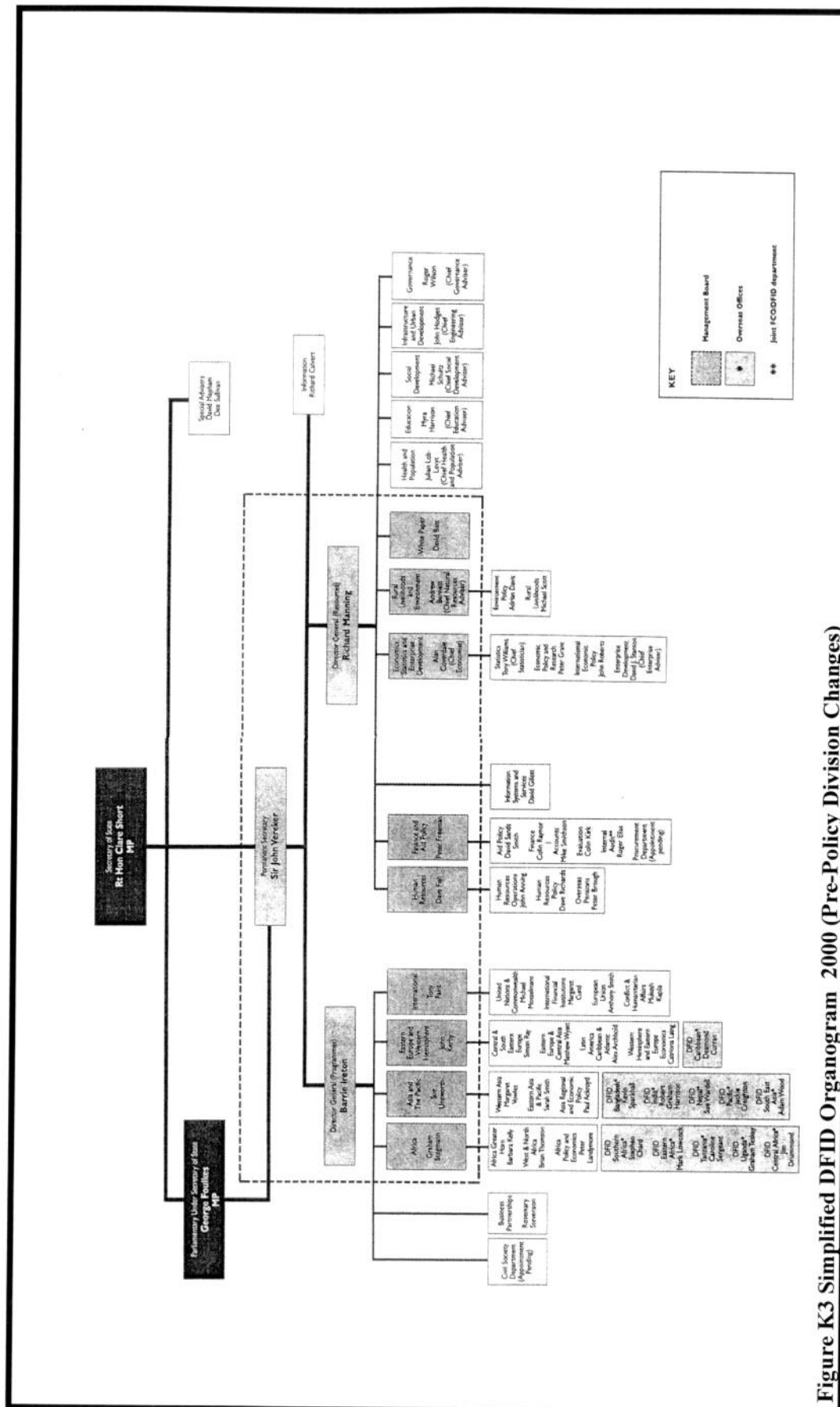


Figure K3 Simplified DFID Organogram 2000 (Pre-Policy Division Changes)

Appendix L: Post-it Note Exercise Graphs, Added Factors and Interviewee Breakdown

Post-it Note Exercise: Prioritisation of Facilitator and Barrier Statements Graphs

Figure L1 illustrates the number of respondents who prioritised each of the facilitating factors 1-5.

1. Implementation is considered part of the planning and policy process
2. Joint working arrangements are agreed and implemented
3. A strategy for cross-sector working exists
4. Lessons are learnt from previous cross-sector experiences
5. Cross-sector aims are explicit and agreed from the outset

Facilitating factors 1-5, above, correspond to numbers 1-5 on the x-axis in Figure L1.

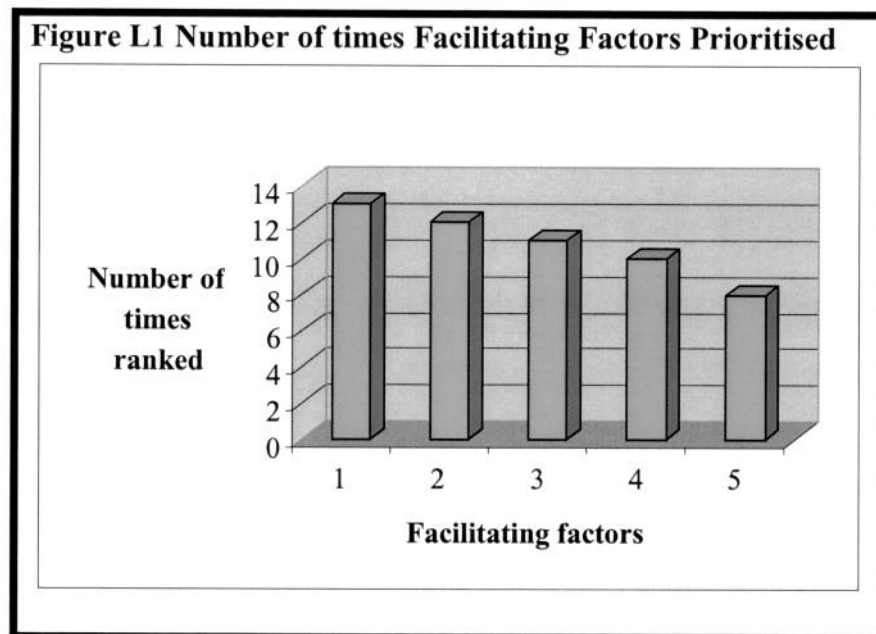
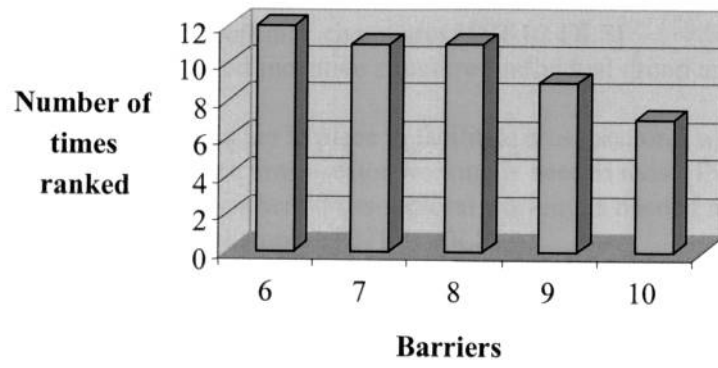


Figure L2 illustrates the number of respondents who prioritised each of the barrier statements 6-10.

6. Budgets tend to be sectoral
7. Staff lack training on how to work cross-sectorally
8. Individuals are not rewarded for achievements in 'other' sectors
9. Delivery systems are not organised in a cross-sector way
10. Time constraints

Barriers 6-10 above, correspond to numbers 6-10 on the x-axis in Figure L2.

Figure L2 Number of Times Barriers Prioritised



Post-it Note Exercise: Facilitator and Barrier Statements Added by Interviewees

Facilitating Factors Added and Prioritised

- ❖ Top management support incl. champions [INT 02 DLS]
- ❖ Developing an Improved incentive structure (individual group and organisation) [INT 03 DLS]
- ❖ Staff learning strategies are in place to facilitate cross-sectoral working [INT 04 EDC]
- ❖ Being clear about where cross-sector working is needed most [INT 06 EDC]
- ❖ Making sure you know where cross-sectoral working is needed most [INT 07 DLS]
- ❖ Need for a high level champion [INT 10 DLS]
- ❖ Government commitment [INT 12 EDC]
- ❖ Political Commitment – a big push [INT 15 DFPS]
- ❖ Specific aim of this cross-sectoral policymaking / working clear to all (main aims and sub-aims [INT 16 DFPS]
- ❖ Technical support to every partner [INT 19 DFPS]
- ❖ Shared responsibility for core team values, ways of working and results / outcomes [INT 20 DNS]
- ❖ Country programme targets are set cross-sectorally so that individuals contributions are assessed cross-sectorally [INT 22 DNS]
- ❖ Joint review, monitoring and evaluation [INT 28 HMGN]

Facilitating Factors Added but not Prioritised

- Shared values identified at outset (Part of ongoing agenda-evolution) [INT 01 DFPS]
- Reciprocation and synchronisation of sharing time i.e. you give time to me and I'll give some back [INT 03 DLS]
- Structures [INT 06 EDC]
- Culture of risk being allowed/supported. 'Failure' seen positively as a lesson learned...scale [INT 06 EDC]
- Making a multi-sectoral way of working a priority [INT 07 DLS]
- Ensuring priorities are clear [INT 07 DLS]
- High level 'buy-in' from managers [INT 09 DLS]
- Selection of appropriate team members [INT 09 DLS]
- Gender Balance [INT 13 DNS]
- Roles defined and reason for each individuals involvement clear [INT 16 DFPS]
- We should be supporting partners on technical, conceptual and programme costs [INT 19 DFPS]
- Need a pool/fund for cross-sectional analysis and innovation support [INT 22 DNS]
- DFID Nepal teams working is still in its infancy [INT 22 DNS]
- Clarity on 'added value', clear benefits so that monitoring is effective [INT 23 DFPS]
- Learn lessons but build on what is already there [INT 24 EDC]
- Co-ordination among the key stakeholders is very important [INT 24 EDC]
- Implementation, monitoring and evaluation are all seen as part of the policy process [INT 24 EDC]
- Monitoring and evaluation processes [INT 26 DNS]
- Personal relations and topic should be interesting to both or it should be on the national agenda [INT 27 HMGN]
- Understanding and accepting that projects develop and there may not have been an opportunity at the outset for cross-sector working (but there is 3 or 4 years in) [INT 29 EDC]

Barriers Added and Prioritised

- ❖ Partner governments organise themselves sectorally by necessity [INT 03 DLS]
- ❖ Mindset shift and behavioural change is required [INT 03 DLS]
- ❖ Power Structures and Competitive Structures [INT 06 EDC]
- ❖ Competing priorities [INT 07 DLS]
- ❖ Top down bureaucratic structures [INT 08 DNS]
- ❖ Highly hierarchical structures favour single sector technicians [INT 13 DNS]
- ❖ Organisations are not rewarded for achievements and impact contributed in 'other' sectors [INT 14 DFPS]
- ❖ Lack of delegation [INT 16 DFPS]
- ❖ Roles sit at different levels in hierarchies in different sectors [INT 16 DFPS]
- ❖ It depends on individuals [INT 17 DFPS]
- ❖ Partner organisations couldn't manage to implement our programme on time (Only for HMGN) [INT 19 DFPS]
- ❖ More needs to happen around the notion of incentives and disincentives [INT 20 DNS]
- ❖ Better Impact assessment framework for cross-sectoral impact and reporting, thematic Impact assessment across programmes/projects [INT 22 DNS]
- ❖ EDP's agenda driving development, bureaucratic approaches, timeframe, budgets, definition etc. [INT 23 DFPS]
- ❖ Sectoral priority [INT 28 HMGN]
- ❖ Link between sectors' goal, objective and targets [INT 28 HMGN]
- ❖ Not having support and agreement across sectors [INT 29 EDC]

Barriers Added but not Prioritised

- Assumptions about quality of practice....culture, traditional – modern world [INT 01 DFPS]
- Whose agenda is it? [INT 01 DFPS]
- Language -tuning into meaning –different cultural frames for language [INT 01 DFPS]
- Individual protectionism and insecurity [INT 02 DLS]
- Donor structures [INT 11 EDC]
- Project Officer agenda and ownership [INT 14 DFPS]
- Different partners have different coverage and approaches which have created problems in covering the whole community [INT 18 DFPS]
- Transfer problem (only for HMG) [INT 19 DFPS]
- Short time of projects is not suitable for programme implementation [INT 19 DFPS]
- Donors having different agenda and procedures to follow [INT 25 DNS]
- Not having support and agreement across sectors [INT 28 HMGN]
- Logistical support, bureaucracy (time) and defined functions [INT 30 HMGN]

Post-it Note Exercise: Breakdown of Interviewees

Interviewee	Facilitators Prioritised					Barriers Prioritised					Sex	Workplace	Nepali/non-Nepali
	1	2	3	4	5	6	7	8	9	10			
1	*			*		*	*	*	*		F	DFPS	Non-Nepali
2		*						*		*	F	DLS	Non-Nepali
3			*			*	*	*			F	DLS	Non-Nepali
4	*			*			*	*	*	*	M	EDC	Non-Nepali
5	*			*	*					*	F	EDC	Non-Nepali
6	*				*	*					F	EDC	Non-Nepali
7					*						M	DLS	Non-Nepali
8		*									M	DNS	Non-Nepali
9			*				*	*			M	DLS	Non-Nepali
10			*	*						*	M	DLS	Non-Nepali
11	*		*			*		*	*		M	EDC	Non-Nepali
12	*					*	X	*		X	M	EDC	Non-Nepali
13			*	*	X	*	X	*		X	M	DNS	Non-Nepali
14		*			*				*	X	M	DFPS	Non-Nepali
15				*	*	*		*			M	DFPS	Non-Nepali
16		*			*	*		*			F	DFPS	Non-Nepali
17		*	*	*					*	*	F	DFPS	Nepali
18		*			*	*	*	X		X	M	DFPS	Nepali
19	*	*								*	F+M	DFPS	Nepali
20	*						*				M	DNS	Non-Nepali
21	*				*		*			*	M	DFPS	Nepali
22				*					*		F	DNS	Non-Nepali
23	*	*							*		F	DFPS	Non-Nepali
24	*	*				*	*				M	EDC	Nepali
25	*		*			*	*				F	DNS	Nepali
26		*	*				*				M	DNS	Nepali
27	*			*		*		*			F	HMGN	Nepali
28		*	*							X	F	HMGN	Nepali
29			*	*		X		X	*	X	M	EDC	Non-Nepali
30		*	*		X		*		*		M	HMGN	Nepali

KEY

* = Facilitator and Barrier Statements Prioritised

X = Facilitator and Barrier Statements Removed

DFPS = DFID-Funded Project Staff

DLS = DFID London Staff

EDC = External Development Consultant

DNS = DFID Nepal Staff

HMGN = Nepali Government Staff

Appendix M: Further Diagram Examples

Figure	Does the eg involve DFID?	Subject of diagram	Diagram type
Diagram Examples located in Chapter Six			
6.2	Yes	DFID HIV Framework in South Africa	Pillars and cross-cutters with arrows and 'flows'
6.3	Yes	DFID Triangle of Skills	Triangle
6.4	Yes	DFID-funded Projects in Rupandehi, Nepal	Spider with arrows
Diagram Examples located in Chapter Seven			
7.1	Yes	DFID London HIV Strategy and Task Force	Spider, circles arrows and 'flows'
7.2	Yes	DFID Maternal Mortality Reduction Task Force	Spider with arrows, boundary and stick people
7.3	DFID Project involved	Nepal National Reproductive Health Co-ordinating Committee (a)	Boxed organogram with arrows
7.4	DFID Project involved	Nepal National Reproductive Health Co-ordinating Committee (b)	Virtual room and people meeting around a table
7.5	Yes	Nepal National HIV Strategy (a)	Virtual table with stick people around a table
7.6	Yes	Nepal National HIV Strategy (b)	Abstract umbrella
7.7	Yes	Nepal National HIV Strategy (c)	List
7.8	DFID Project involved	Rupendehi District Safe Motherhood Working Group	Organogram spider with arrows and Arrow continuum with matrix
7.9	Yes	Gender in Health projects in Nepal	Unstructured spider with arrows
Diagram Examples located in Appendix L			
M1	No	Health & Forestry Projects in Nepal	Unstructured spider with arrows
M2	Yes	HIV Links at DFID London (Theoretical example)	Boxed organogram /spider with arrows
M3	Yes	Education & Sexual Reproductive Health Links DFID London	Spider with arrows
M4	No	SCF Health Education Programme in Nepal	Lists, arrows and stick people
M5	Yes	Disaster Preparedness Programme in Nepal	Mandala style circles
M6	No	Livelihoods institutions linkages (Theoretical example)	Virtual people, house, crops, lists and arrows
M7	Yes	DFID Nepal's Rural Access Programme	Spider and arrows
M8	No	District-level Multi-sectoral work in Africa	Circles and arrows

Figure M1 Health and Forestry Project in Nepal

In Nepal, a health project and a forestry project worked together to improve community involvement. They had a shared aim but worked independently. Different approaches were adopted by the two projects and this caused some confusion. The rationale for the two projects working together was to create synergy, but this did not happen. Shared values were missing. There wasn't much collaboration institutionally but there was some interesting collaborative work on a more individual level.

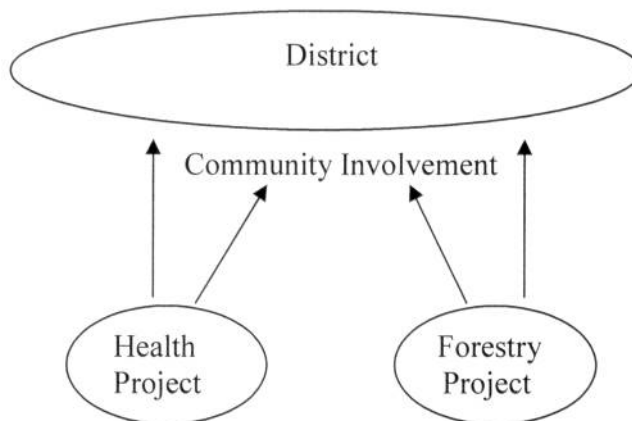
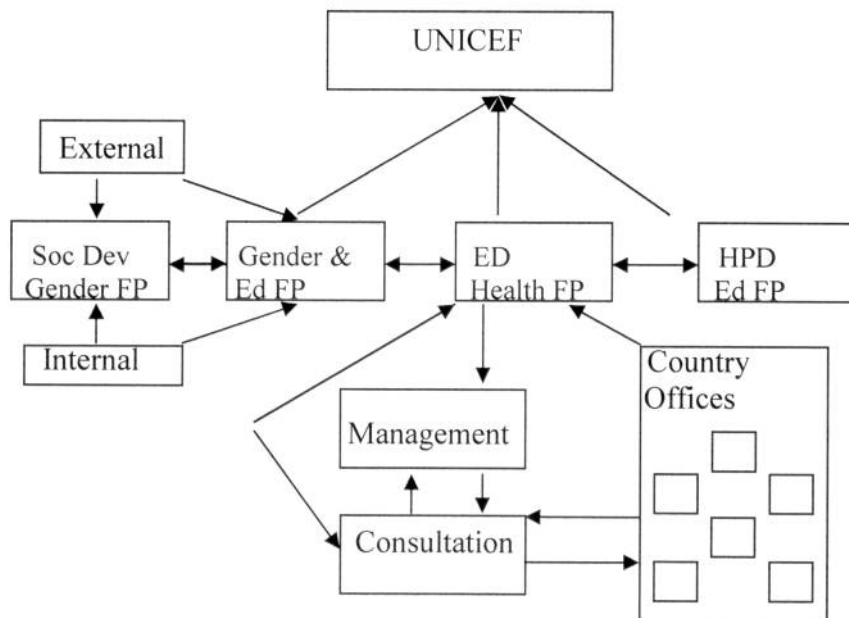


Figure M2 HIV Links at DFID London

At DFID London, there are HIV and Education Links. There are individual 'links' between the people in different departments in partnership with a large multilateral organisation such as UNICEF. Two or three focal people with responsibility for linking with other sectors would come together to 'input into that partnership'. This was a theoretical description rather than a specific example.



FP=Focal person

Figure M3 DFID London Sexual and Reproductive Health Links

There's a sexual and reproductive health group in the Health and Population Department that carries out most policy work in this area. Education links are made in specific areas such as health education.

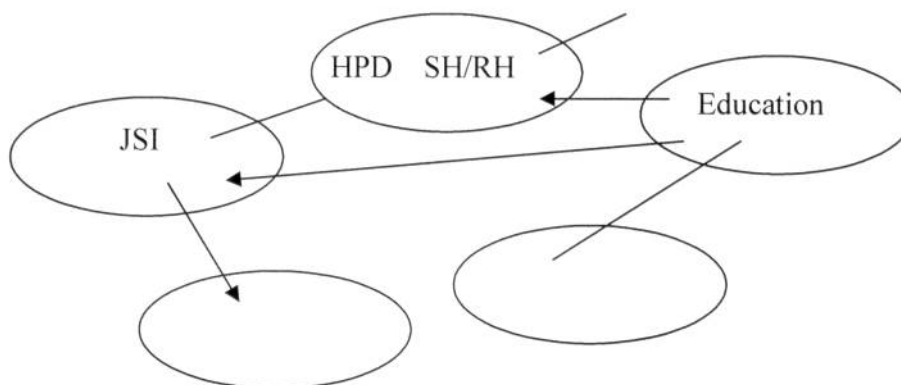


Figure M4 SCF Health and Education Programme in Nepal

In Nepal, Save the Children Fund (SCF) ran a school support programme. SCF went to schools with a health curriculum and used this as an entry point to work with teachers to offer them health education and to affect the methods they were using to encourage more problem solving and participatory techniques. Described as 'a total waste of time'. It had all been negotiated poorly with education staff at different levels. The teachers thought the standard curriculum was what was expected and there were no incentives to change. The approach was considered too superficial.

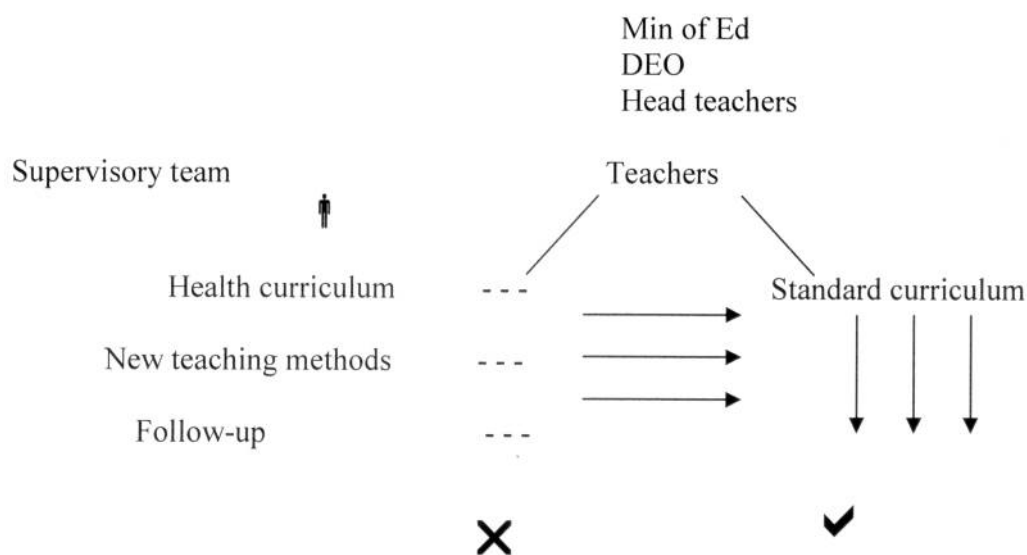


Figure M5 Disaster Preparedness Programme in Nepal

DFID Nepal are involved in a Disaster Preparedness Programme. It comprises three areas: preparedness, provision of relief support and rehabilitation. They work with health, food, logistical management etc. Lesson learning is really important in this cycle. They collaborate with WHO, the Department of Health Services, World Food Programme, Ministry of Narcotics and Disaster Preparedness, UNDP, USAID and others. A cross-sectoral approach is needed through all stages. Specifically, rehabilitation was thought to require cross-sectoral approaches including contributions from engineers and the livelihoods sector. All interested donors and government already work cross-sectorally, but the budgets remain sectoral.

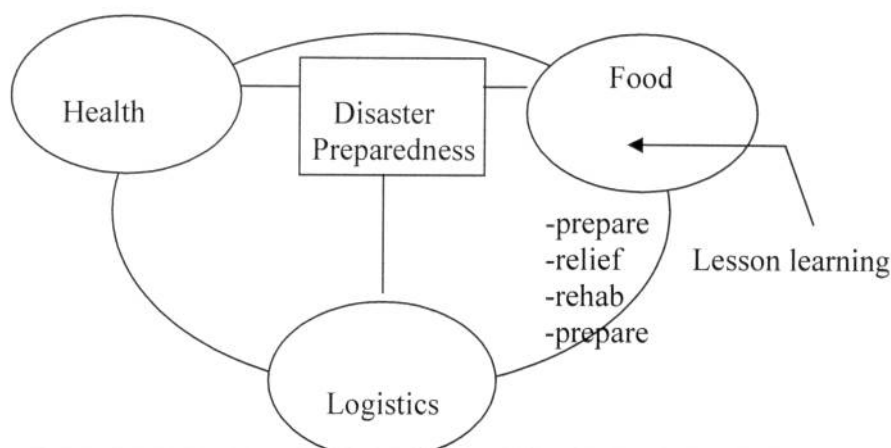


Figure M6 Livelihoods Institution Linkages

This diagram presents the linkages between different levels of livelihoods institutions. This was drawn during an informal meeting and is a theoretical rather than a specific example.

Livelihoods Institutions

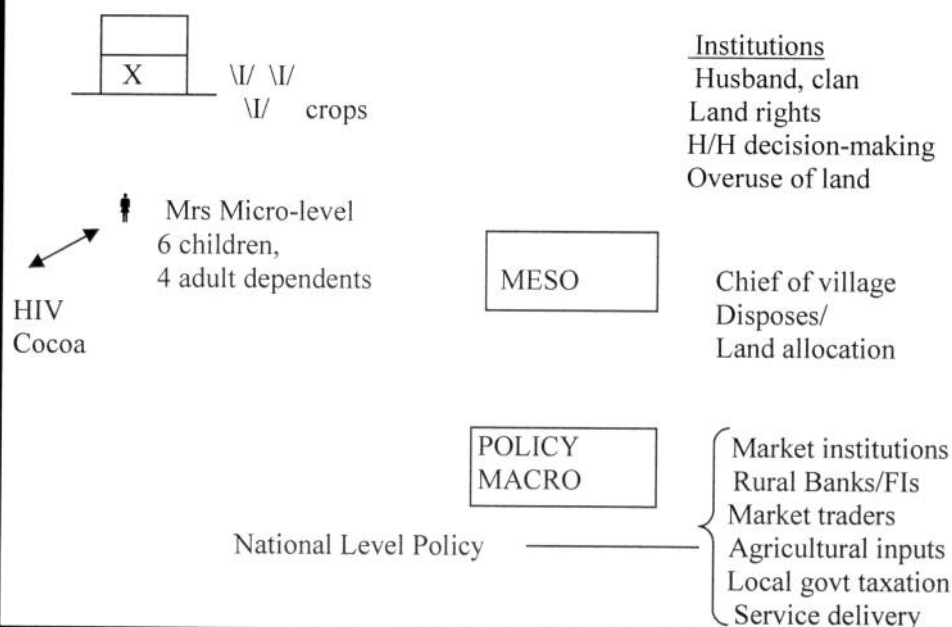


Figure M7 DFID Nepal's Rural Access Programme (RAP)

RAP builds road corridors and feeder roads using a social development approach. The programme makes links with different ministries and brings them together to work cross-sectorally. Roads can open up rural markets and ease people transporting produce, linking to increasing income, access to other services e.g. health or education. Also links to World Food Programme, GTZ and MOLD. Lots of multi-donor coordination but it took a year to design. DFID Nepal claim that the Nepali Government are the lead but it is directly managed and funded by DFID Nepal.

'Transport Plus Programme'

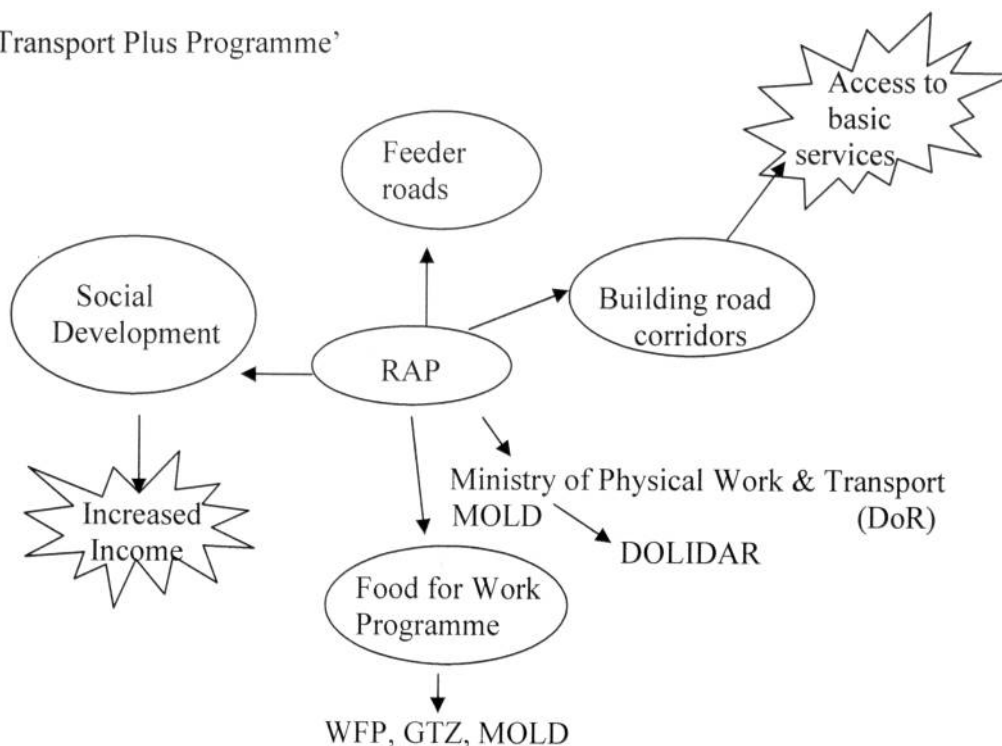
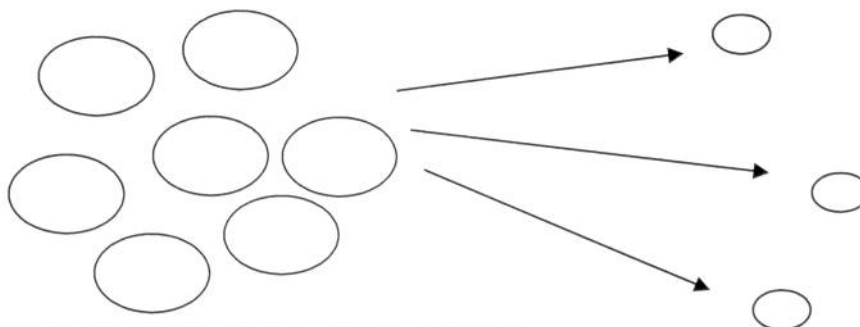


Figure M4 District-Level Multi-sectoral Work in Africa

In Eritrea and Tanzania, small-scale district interventions took place with supervision to coordinate agriculture, veterinary and health disciplines, but they still worked individually. Occasional National Immunisation Days and HIV campaigns led to people coordinating better, but this was not really cross-sectoral. It is reported to be difficult to find real cross-sectorality.



Appendix N: Complete List of Words Given by Interviewees to Describe the DFID Policy Environment

1	Remote	Boxed	Rhetoric	Sectoral not Flexible	Not supportive
2	Interactive	Country input	Fast / Deadlines	Proactive	Participatory
3	Product not Process	Silo	Top-down Supply-driven	Political	Constrained -£ -Not 'blue sky'
4	Narrow-based	Didactic	Universalising	Politicised	Over-emphasised
5	Energy	Frustration	Consultation	Political	
6	Hectic	Stimulating	Frustrating	Competitive (internally)	Uncertain
7	Competitive	'Whim'	Isolated	Openness (individual)	Talent
8	Narcissistic	Arrogant / Ineffable conceit	Self-rectitude / Dogmatic	Sanctimonious	Political correctness
9	Complex	Contentious	Time-intensive	Iterative	Rewarding
10	Back of envelope	On the hoof	Organic		
11	Knowledgeable	Competitive	Evidence-based	Time constraints	Focused
12	Clare Short	Confusing	Centralised	Lack of focus	No focal person
13	Directive	Analytical	Focused	Shared	Shifting
14	Piss-poor				
15	Top-down	Autocratic	Schizophrenic	Sectoral	
16	Confused	Conflict of interest/ Competitive	Fragmented	Well-meaning	Nice
17	'Put very powerful glasses on to see the grassroots level'				
18	Participatory	Capable	Sensitive	Government focus	Good stakeholder coverage
19	DFID is a UK organisation	DFID have worked in Nepal in different sectors	DFID have worked for a long time in Nepal	DFID have worked in the livelihoods sector	It is a very long organisation
20	Consultative	Dynamic	Pressured	Demanding	Practical

Each number represents an interviewee and up to five words they presented to describe DFID's policy environment

21	Bideshi advisors	Glass-isolation	Intimidation	Good relationships with Nepalis	Donor outlook
22	Elite-driven (UK-based staff dominate)	Non-participatory -Internally -Externally Also v. little mechanisms & input	Crisis-driven	Non-systematic	Well-informed & well intentioned
23	Internal	Changing / Dynamic	Well-informed	Formal / Informal processes	Frustrating
24	Formal	Somewhat inhibiting	Not participatory	More like an 'embassy'	
25	Consultative	Participatory (with all levels of staff)	Priority for HMGN policies	Monitoring & review	Professional influence
26	Commitment	Self-critical	Diversity	Influencing	Focus mid to far west towards the real problem
27	Safe motherhood	Approach of safe motherhood	Joint programmes	Supportive	Flexible according to need
28	Major donor	Social focused	Strong management capacity	Gender issues	Infrastructure
29	Fragmented	Focused	Flexible	Isolated	Positive
30	Scholarships	Good links with British Council	Technical School	New concepts (in education – CLP)	Good impact (forestry support)